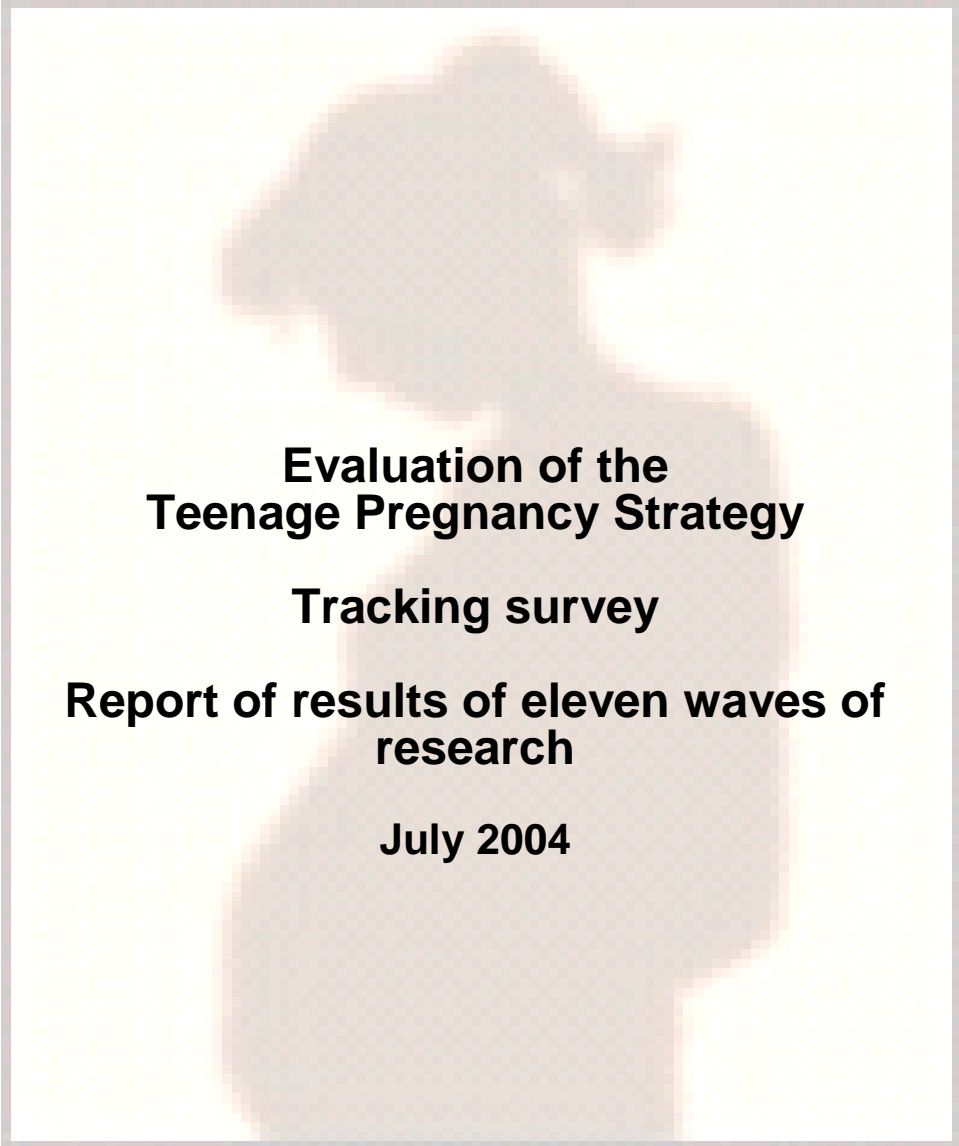


**BMRB
Tracking
Survey
Wave 11**



**TPSE
Teenage
Pregnancy
Strategy
Evaluation**



**BMRB
INTERNATIONAL**

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APPENDICES:

Wave 11 Questionnaire (questionnaires for previous waves available on request)
Details of Random Location Sampling Method
Weighting Details
Pantman Game
Online ads
Picture ads
Radio ad scripts

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1.0 INTRODUCTION

1.1 Background to the survey

The UK has the highest rate of teenage conception in Western Europe with approximately 95,000 teenage conceptions a year, around 8,000 of these to girls aged under 16 and 2,000 to girls aged 14 or under.

Following an enquiry in 1999 by the Social Exclusion Unit into the main factors associated with teenage pregnancy, a major initiative, the Teenage Pregnancy Strategy, was mounted in England to address this problem. The Teenage Pregnancy Unit was created to execute the Strategy across all government departments and working with different sectors. The Strategy adopts a two-pronged approach, embracing the dual aims of preventing early teenage pregnancies and supporting young parents. Media activities form a major central component of this Strategy, alongside educational initiatives and health and social service provision.

A consortium of researchers at the London School of Hygiene and Tropical Medicine (LSHTM), University College London (UCL) and the British Market Research Bureau (BMRB) was commissioned by the Department of Health to conduct an independent evaluation of the strategy.

The aims of the evaluation are to assess progress towards the goals of the Teenage Pregnancy Strategy and to provide a research function, which will assist the Department of Health, the Teenage Pregnancy Unit, local co-ordinators and the Independent Expert Advisory Group in the effective implementation of the Strategy. Within this it will assess the success of the strategy overall, and of its various components, in achieving its goals. Specifically its aims are:

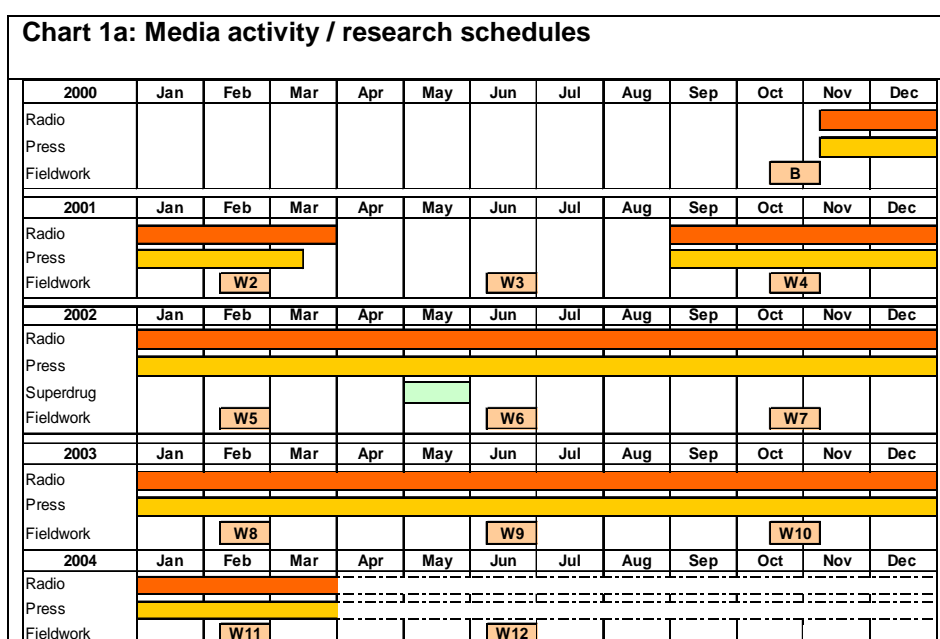
- To assess progress towards the goals of the strategy
- To evaluate the impact of the media campaign nationally and locally
- To identify the processes by which 'joined-up action' is achieved
- To forge strong links between research and policy formation
- To provide an ongoing reactive research function to guide and assess the effectiveness and impact of the national strategy

The evaluation has at its core two major data sets; an area-based analysis of routinely available data, and an individual-based tracking survey of knowledge, attitudes and behaviour, designed and set up specifically to meet the needs of the evaluation and conducted by BMRB International. The tracking survey, the eleventh wave of which is reported here, is designed to supply data with which to assess progress towards the objectives of the strategy as a whole. It addresses a wide range of issues around knowledge of and attitudes towards sex and relationships and the impact and awareness of the strategy's media campaign.

The tracking survey is one of the main ways in which the impact of the Teenage Pregnancy Strategy's media campaign will be monitored. The

campaign was launched on 27th October 2000 and the first phase of advertising ran until the end of March 2001, with the second phase starting at the beginning of September 2001 and continuing to date, though with variations in advertising spend. It targets both young men and young women, and focuses on the themes of taking control of your life, choices and personal responsibility. The first wave of the tracking study was conducted prior to the start of the campaign, in order to provide baseline data for the campaign and for the strategy as a whole.

The tracking survey is repeated three times a year and aims to collect information from both young people and parents. Details of the media schedule and research waves are shown in the chart below.



Around the wave 6 fieldwork period, some partnership activity was undertaken with Superdrug, as indicated on the chart. This involved the TPU playing a separate ad on the issue of safe sex inside Superdrug stores. This single month was the only time this ad was aired.

Wherever possible, questions were used from existing surveys, such as the National Survey of Sexual Attitudes and Lifestyles (Natsal II), the Randomised Intervention Trial of Programme of Peer-led Sex Education (RIPPLE) and the Labour Force Survey, to facilitate comparability with other data sets.

1.2 The sample

The two target groups for the tracking survey were young people aged 13-21 years, and parents of young people aged 10-17. Only young people were interviewed at waves 8, 10 and 11.

The sample was drawn by means of Random Location sampling, providing a high-quality sample within the target groups (further details on Random Location sampling are shown in the appendices). This

sampling method was chosen for advantages in terms of speed and practicality, whilst losing little in terms of being able to generalise from it¹. At each wave, fieldwork was spread across 200 sampling points in England (125 at wave 11, as we were only interviewing young people), and to increase fieldwork efficiency, areas were chosen with a higher representation of 13-44 year olds. The sampling points used at later waves of the research were matched to the benchmark wave in terms of ACORN².

Screening interviews were conducted on the doorstep to ensure that the young people were eligible with regard to age group, and interviewers worked to a quota to ensure the required number of interviews were obtained in each sub-cell.

1.2.1 Young people

The aim was to achieve 125 interviews at each wave with young people in each of six sub-groups (Table 1a), giving a total of 750 interviews. Where a young person was aged 17 or younger and not living independently, written permission was sought from a parent or guardian. Parents were told the content of the interview, and were asked to sign a form to show that they were happy for their child to be interviewed.

The sample only included young people living in a family home or those who were living independently. Those living in care homes or other institutions were excluded from the sample, although those living in foster care were not excluded.

The breakdown of interviews achieved at each wave is shown overleaf.

¹ Orton, S (1994), "Evidence of the efficiency of quota samples", Survey Methods Newsletter, Vol15 No 1, SCPR

² ACORN – A Classification of Residential Neighbourhoods – ACORN classifies geographical areas into distinct types to allow us to understand their likely characteristics. The classification draws on data sources such as demographics, taken from the census, and lifestyle variables, as drawn from BMRB's TGI.

Table 1a: Interviews with young people			
	Boys	Girls	Total
Benchmark			
Aged 13-15	127	121	248
Aged 16-17	115	105	220
Aged 18-21	122	119	241
Total	364	345	709
Wave 2			
Aged 13-15	117	126	243
Aged 16-17	118	114	232
Aged 18-21	124	135	259
Total	359	375	734
Wave 3			
Aged 13-15	124	123	247
Aged 16-17	133	125	258
Aged 18-21	137	155	292
Total	394	403	797
Wave 4			
Aged 13-15	122	127	249
Aged 16-17	122	119	241
Aged 18-21	125	130	255
Total	369	377	746
Wave 5			
Aged 13-15	118	115	233
Aged 16-17	119	107	226
Aged 18-21	121	142	263
Total	358	364	722
Wave 6			
Aged 13-15	133	134	267
Aged 16-17	113	123	236
Aged 18-21	129	125	254
Total	375	382	757
Wave 7			
Aged 13-15	122	132	255
Aged 16-17	113	110	223
Aged 18-21	122	110	232
Total	357	353	710
Wave 8			
Aged 13-15	122	122	244
Aged 16-17	130	114	244
Aged 18-21	123	122	245
Total	375	358	733
Wave 9			
Aged 13-15	132	125	257
Aged 16-17	115	118	233
Aged 18-21	133	121	254
Total	380	364	744
Wave 10			
Aged 13-15	125	135	260
Aged 16-17	115	121	236
Aged 18-21	128	132	260
Total	368	388	756
Wave 11			
Aged 13-15	128	132	260
Aged 16-17	122	110	233
Aged 18-21	124	123	247
Total	374	365	739

1.3 Fieldwork

All fieldwork was conducted by BMRB's trained interviewers, working under supervision. Interviews were conducted face-to-face and in-home, and questionnaires were administered by interviewers using multi-media Computer Assisted Personal Interview (CAPI). The questionnaires were piloted prior to the start of fieldwork at the benchmark stage. Piloting took place in London and interviewers were accompanied by members of the research team.

The most sensitive questions in the questionnaire, specifically those relating to sexual experiences and experience of pregnancy, were contained in a self-completion section in the questionnaire, to afford privacy. The interviewers showed the respondents how to use the computer and completed a small number of practice questions with them. Respondents were then left to read the questions themselves and key in their own answers. At the end of the self-completion section, the respondents returned the computer to the interviewers, who completed the interviews in the normal way. The average interview length was around 35-40 minutes.

The fieldwork dates at each wave of the research are detailed in table 1b.

Research wave	Fieldwork start	Fieldwork end
Benchmark	13 th October 2000	8 th November 2000
Wave 2	9 th February 2001	3 rd March 2001
Wave 3	12 th June 2001	8 th July 2001
Wave 4	15 th October 2001	18 th November 2001
Wave 5	8 th February 2002	5 th March 2002
Wave 6	7 th June 2002	2 nd July 2002
Wave 7	7 th October 2002	5 th November 2002
Wave 8	3 rd February 2003	26 th February 2003
Wave 9	9 th June 2003	8 th July 2003
Wave 10	6 th October 2003	4 th November 2003
Wave 11	2 nd February 2004	29 th February 2004

1.4 Analysis

Data have been weighted to correct for minor imbalances between the sample profile achieved and the target sample profile. The young people's data were weighted by social grade, using data taken from BMRB's Target Group Index (TGI) and TGI Youth³. Parents' data were weighted by

³ The Target Group Index is a product and media survey produced by BMRB International. It is available on subscription to advertisers, agencies and media owners. Around 25,000 adults in Great Britain complete a self-completion survey each year.

TGI Youth is a specialised survey of young people, with 6,000 7-19 year olds in Great Britain completing a self-completion questionnaire each year.

gender, social grade and working status. The establishment data for the parents' sample was taken from BMRB's Access Omnibus survey⁴.

Full weighting details can be found in the appendices.

1.5 Arrangement of this report

This report describes the results of the first eleven surveys of young people aged 13-21.

Following the Management Summary, the main body of the report provides a detailed commentary, illustrated by summary tabulations and charts. Appendices contain details of the sampling methodology, weighting and fieldwork documents for wave 11 of the research. Computer tabulations of the full results are supplied separately.

In tables and charts, '*' indicates a proportion which is higher than 0% but less than 0.5 % and '-' denotes 0%.

⁴ Each week, ACCESS Face-to-Face interviews a nationally representative sample of 2,000 adults aged 15 years or over across Great Britain. All interviews are conducted in-home. ACCESS uses a random location sampling technique.

2.0 MANAGEMENT SUMMARY

2.1 Aims

The Tracking Survey aims to monitor awareness of the media activities executed as part of the Government's Teenage Pregnancy Strategy. In the wider context of the Strategy as a whole, it aims to monitor progress towards the goals of the Strategy. The findings of the first eleven waves or research are reported here.

2.2 Methods

Random Location sampling was used to select young people for interview at each wave. Details of how many people were interviewed at each wave are included in table 2a below. At wave 11, we interviewed only young people.

	Young people 13-21	Parents of 10-17s	Fieldwork dates
Benchmark	709	596	13/10/00 – 08/11/00
Wave 2	734	609	09/02/01 – 03/03/01
Wave 3	797	646	12/06/01 – 08/07/01
Wave 4	746	597	15/10/01 – 18/11/01
Wave 5	722	625	08/02/02 – 05/03/02
Wave 6	757	629	07/06/02 – 02/07/02
Wave 7	710	642	07/10/02 – 05/11/02
Wave 8	733	-	03/02/03 – 26/02/03
Wave 9	744	623	09/06/03 – 08/07/03
Wave 10	756	-	06/10/03 – 04/11/03
Wave 11	739	-	02/02/04 – 29/02/04

The achieved samples were weighted to be representative in terms of social grade. We slightly over-sampled the more deprived, reflecting the profile of families in England.

Over two fifths (42%) of the sample of young people reported having had sexual intercourse, and 6% had experience of pregnancy aged 17 or younger. The profile of respondents interviewed is similar to that at previous waves of the research.

2.3 Media consumption

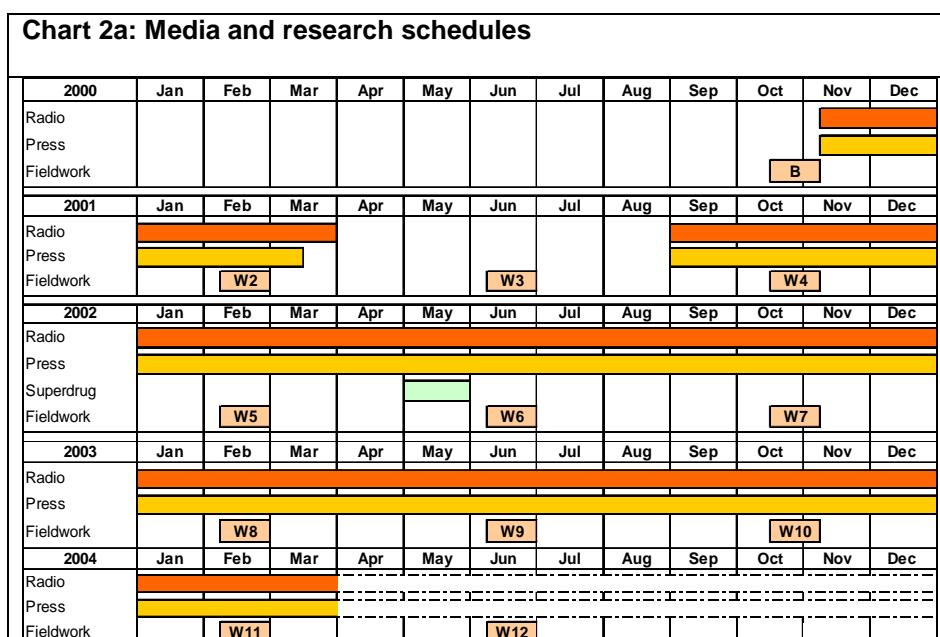
At wave 11, about a quarter (23%) of young people listened to more than seven hours of commercial radio a week. This result is similar to that observed at previous waves.

Teenage Pregnancy ads have featured in the most widely read magazines by young people in our survey, such as Sugar, Bliss and Max Power. Similar to previous waves, two fifths of young people (39%) read regularly at least one magazine that had recently been advertised in by the Teenage Pregnancy Campaign and girls were more likely than boys to do so (74% girls, 17% boys).

Similar to previous waves, close to nine young people in ten (89%) said they had access to the internet at wave 11. Only 16% of young people from C2DE households said they had no access to the internet at wave 11, compared with close to two fifths (37%) at the benchmark.

2.4 Awareness of publicity on sex and relationships

The first wave of research provided a benchmark against which to measure campaign awareness at later waves. The chart below summarises media activity and research waves.



Result for awareness of advertising and publicity are based on the replies given by 13-17s as this age group is the target audience for the campaign.

Spontaneous awareness of publicity on sex and relationships among 13-17s at wave 11 was similar to that at previous waves (60% at wave 11, 58% at wave 10). After being prompted with a list of sources, close to nine in ten young people aged 13-17 (83%) said they had seen or heard some advertising or publicity on sex and relationships, a similar percentage was seen at previous waves. Within this, there was a slight increase in the proportion of young people aware of a radio ad (from 28% at wave 10 to 33% at wave 11).

The proportion of young people who spontaneously mentioned any element of the Teenage Pregnancy Campaign (proven recall) at wave 10 was 14%, similar to 15% at waves 9 and 10. The 'proven recall' figure without mentions of 'teenage pregnancy' was 9% (same as previous waves).

When we look at spontaneous mentions of campaign themes, three in ten (33%) 13-17s spontaneously mentioned 'Condom Negotiation', three in ten 16-17s (34%) mentioned 'STIs' and 4% of 13-15s mentioned

‘Resisting Pressure’. These results are similar to those achieved at the last few waves.

When asked what they thought the main messages of the advertising or publicity they had seen were, young people were likely to state general messages such as ‘safe sex’ (20%), ‘contraception’ (12%), ‘be careful’ (5%) and ‘STIs’ (2%).

2.5 Prompted recognition of the campaign

Towards the end of the interview, all young people were shown a number of press and radio ads and asked if they recalled seeing or hearing them recently.

Four fifths (81%) of 13-17s at wave 10 had seen or heard something from the campaign, sustaining the increase from wave 2 (67% at wave 2, 81% at wave 10).

Level of repeat exposure to advertising was also high, with 38% having both heard a radio ad and seen a picture ad at wave 11.

2.6 Radio ads

Close to seven in ten (67%) had heard at least one radio ad. ‘Odd One Out’ was the most commonly recognised ad amongst 13-17s (47% at wave 11), with 45% recognising ‘Roll Call’ and 41% recognising ‘Tall Stories’. The new ads – ‘Message’ and ‘Ode to Jennifer’ – were less commonly recognised (23% and 24% respectively).

There was a slight decline in the proportion of young people recognising ‘Tall Stories’, from 49% at wave 10 to 41% at wave 11, reflecting the lower recent spend on this ad. Recognition of the ‘Odd One Out’ ad was particularly strong given the relatively low level of spend (187 RRP’s in the run up to wave 11, but no spend on this ad for more than 2 years before).

Apart from ‘Tall Stories’ all ads were about as well recognised by their target audience as by all 13-17 year olds.

2.7 Picture ads

Despite less advertising spend than at some previous waves, over half (54%) of 13-17 year olds had seen at least one picture ad, similar to wave 10 (57%) and maintaining the increase over wave 9 (48%).

As at wave 10 ‘Torch’ was the best recognised ad, as 44% of all young people aged 13-17 said they had seen it before the interview.

2.8 Main messages of advertising

As at previous waves, nine in ten respondents aged 13-17 (92%) were able to state spontaneously at least one message from the radio ads played to them. Young people were less able to do this in relation to the picture

ads (65%), but the difference is likely to be related to the fact that respondents heard the whole radio ad but could not read all the text in the picture ads.

The ads remain well regarded by young people and there was no drop in the proportion of young people choosing positive descriptions of the advertising such as ‘These ads really understand what it is like to be a young person today’ (43% at waves 10 and 11). Similar to previous waves, a significant proportion (85%) of 13-17s felt that the ads were aimed at people at their own age.

As at previous waves, girls tended to be more positive towards the ads than boys (76% of girls chose at least one positive statement in relation to the advertising, compared with 66% of boys). However, the proportion of boys choosing positive statements in relation to the advertising remains high.

2.9 Recognition of online ads

One in ten (10%) of heavy internet users recognised at least one of the online banner ads they were shown (8% of all 13-17 year olds).

2.10 BME respondents and the campaign

Analysis of responses by young people from black and minority ethnic communities (BME) showed that BME young people were less likely than their white counterparts to recognise the campaign (65% BMEs, 83% whites). This shows a slight decline in BME respondents’ recognition of the campaign from wave 10 of the research, where 74% recognised at least one of the ads they were shown or played. There was a decline in the proportion of BMEs recognising a radio ad, from 59% at wave 10 to 52% at wave 11. As at previous waves, white respondents were more likely than their BME counterparts to recognise a radio ad (52% BMEs, 71% whites).

However, BME respondents responded to the ads in a similar way to their white counterparts – they were equally likely to enjoy the ads and see them as aimed at them, and were also equally likely to take the key campaign messages from the ads.

2.11 Who put the ads out

Just over half (52%) of 13-17s thought that the ads came from a ‘Government’ source, such as the Department of Health, NHS or ‘the Government’ in general. While similar proportions were recorded in previous waves, some small differences were observed at wave 11 in responses to the ads amongst young people who thought that the ads originated from a Government source. Those thinking the ads are from the Government were generally slightly more negative towards the campaign than those thinking that the ads come from an other source – for example they are less likely to say that the ads made them realise that it is important to use condoms and less likely to think that the ads

understand what it is like to be a young person today. While differences are still fairly small and not significant, it is interesting to note that the gap is widening.

2.12 Sexwise, RUThinking.co.uk and Onelife

Over half of young people aged 13-17 were aware of Sexwise (52%), maintaining the incremental trend from 24% at the benchmark. Respondents who were exposed to any form of Teenage Pregnancy ad were more likely than those who had not to be aware of Sexwise (58% of those recognising any ads, 30% of those not recognising at ads). Ads remained the main source of awareness with 30% of 13-17s aware of Sexwise finding out about it from a radio ad and 13% from a magazine ad.

At wave 11, the level of awareness of RUThinking.co.uk stood just under two fifths (39%). This is similar to wave 10 (35%) and maintaining the significant increase since wave 2 (17%). Once again, the campaign was a key source of information about the website, with 45% of those aware of RUThinking.co.uk finding out about it from a radio ad and 9% from a magazine ad.

A quarter (26%) of respondents aged 13-17 had heard something on STDs/STIs on Radio One and three in ten (28%) had heard of the Onelife website. These results are consistent with wave 10.

2.13 Learning about sex and relationships

'Lessons at school' was the most common source of information young people aged 13-21 used to find out about sex and relationships (77%). Other common sources of information included 'friends' (51%), 'mother' (49%), and 'magazines, books, posters and newspapers' (38%).

Four in ten (44%) young people said they had received little or no information about sex and relationships from their parents. As at previous waves, more than half (54%) of young people found it easy to talk to their mother about sex and relationships. A quarter (24%) said that they found it easy to talk to their father about the subject.

2.14 Contraceptive advice and supplies

Seven in ten (71%) of young people aged 13-21 were aware of a local source of advice on sex. While older respondents were more likely to be aware of a source, it is perhaps concerning to note that around a fifth of 18-21 year olds were not aware of anywhere they could go for such advice. Around half (48%) of young people said that they had received some information telling them where in their area they could go for advice on sex, relationships and contraception, with the most common forms of this information being leaflets and radio ads. These results are similar to previous waves.

At wave 11, as at previous waves, over half of young people aged 13-21 had obtained contraceptive advice from at least one source. Common sources included ‘teacher/school nurse’ (21%) and ‘GP/doctor/practice nurse’ (19%).

Around a third (34%) of young people had received some advice before first having willing sex (i.e. had advice but had not had sex, or have had intercourse but received advice before this). There have not been any significant changes in this proportion over time.

Similar to earlier waves, half (52%) of 13-21s had ever obtained contraceptive supplies from at least one of the sources in the list. ‘GP/doctor/practice nurse’ (17%), ‘family planning clinic’ (19%) and ‘pharmacy/chemist’ (16%) were the most common sources used by young people.

2.15 Confidentiality

New questions on confidentiality were introduced at wave 9 and results have been fairly consistent across the three waves they were asked.

Thirty eight percent of young people aged 13-17 considered ‘confidentiality/privacy’ to be the most important factor when seeking advice on sex and relationships. About half (48%) felt that ‘confidentiality/privacy’ is available to them at present.

Four fifths (80%) agreed with the statement ‘Everything a young person tells a GP or a doctor at a clinic remains private, even if they are under 16’. Nine in ten (87%) agreed that ‘I am confident that anything I discuss with a doctor or in a clinic remains private.’ This is encouraging as it suggests that the majority of young people were confident that privacy will be available should they choose to seek help.

As at waves, these results are slightly contradictory – while a high proportion of young people believe that a confidential service is available in theory, fewer believe that such a service is available to them. There does appear to be some need to reassure young people that they can access confidential services for advice on sex and relationships.

2.16 Knowledge about sex and relationships

A further aim of the strategy is to improve young people’s knowledge of issues surrounding sex and relationships, in order to help them make better decisions regarding their behaviour.

Four in ten young people aged 13-21 (40%) correctly answered that between a quarter and half of young people had had sex before the age of 16 (35% at benchmark). There has been a gradual fall in the proportion of young people thinking that half or more of their peers have had sex before the age of 16 – from 53% at the benchmark to 42% at wave 11.

As at previous waves, awareness of various contraceptive methods, especially condoms (94%), pills (92%) and emergency contraception (after further prompting - 94%), was very high. However, only four in ten (43%) respondents were able to answer that emergency contraception can be used up to 72 hours after sexual intercourse – this proportion has not changed over the course of the surveys.

Similar to previous waves, awareness of STIs was high among young people with 96% aware of HIV/AIDS and 73% aware of Genital Warts. The increases in the proportions of 13-21s who were aware of Chlamydia (69% at wave 10, 38% at benchmark) and Gonorrhoea (69% at wave 10, 49% at benchmark) since the benchmark have been sustained.

However, only 2% of respondents correctly answered that one in nine people in the United Kingdom had ever contracted an STI and 2% were able to answer that there are 25 different types of STIs.

2.17 Empowerment

Respondents who recognised one or more Teenage Pregnancy campaign ads were consistently more likely than those who had not been exposed to any to feel more ‘empowered’. For example, 13-21s recognising campaign ads were more likely than those not exposed to the campaign to say that they would find it easy to get a condom (81% of those recognising at least one ad, 65% none). It is encouraging to note that 13-15 year olds recognising campaign ads were consistently a little more likely than those not recognising ads to say it would be easy to ‘resist pressure from friends saying you should be having sex’ (77% v 69%).

2.18 CONCLUDING REMARKS

Results from the evaluation continue to be encouraging, with a high proportion of young people exposed to the campaign, despite a lower level of spend over the past 6 months.

There are still few indications that the campaign is ‘wearing out’ or that young people are getting fed up with the messages it conveys. There is also continuing evidence that young people who have been exposed to the campaign feel more ‘empowered’ in relation to sex and relationships.

3.0 DEMOGRAPHIC PROFILE OF THE SAMPLE

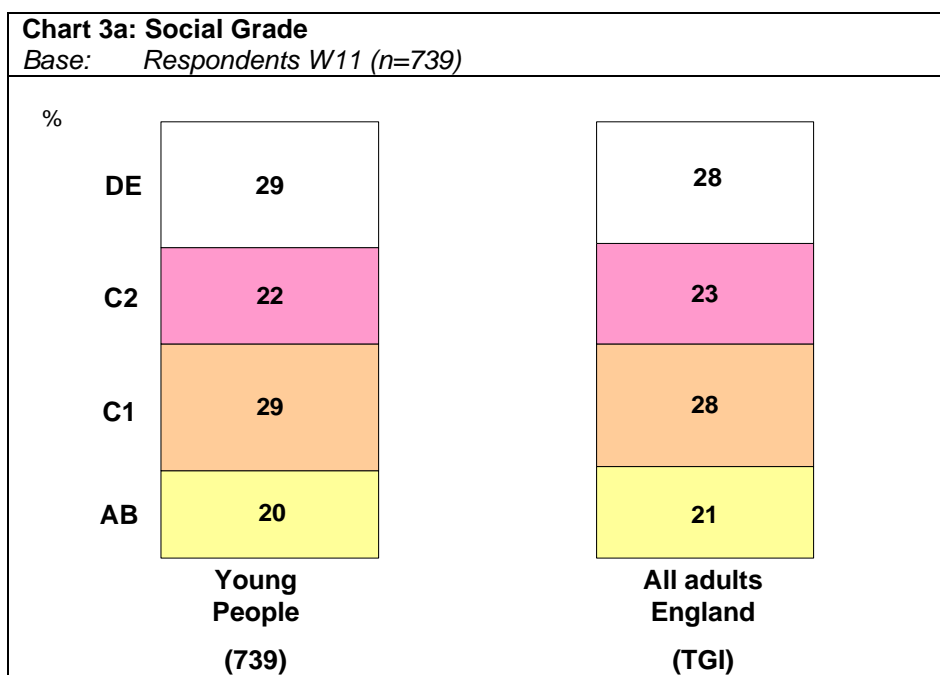
This chapter provides a summary of the profile of the sample interviewed at wave 11. Where differences exist between this wave and the previous waves of research, these are noted. At waves 1 to 7 and wave 9, we interviewed both young people and parents but at waves 8, 10 and 11 we only interviewed young people aged 13 -21.

3.1 Gender and age

The sample was split more or less equally between boys and girls at each wave, with 51% of boys and 49% of girls at wave 11. As at previous waves, the sample was approximately evenly spread between the three age groups, with 35% aged 13-15, 32% aged 16-17 and 33% aged 18-21.

3.2 Social grade

The social grade profiles of the samples are broadly in line with those of all households in England, which were calculated using TGI (Chart 3a).

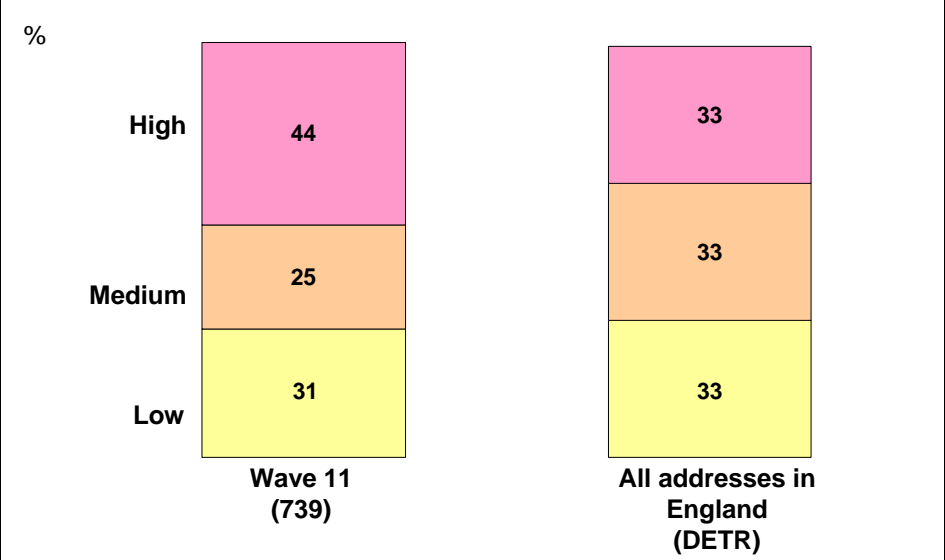


3.3 Deprivation

All addresses were matched by postcode to the DETR's Index of Deprivation⁵ and were divided equally into three categories according to level of deprivation. Chart 3b shows the distribution among households at which interviews took place. Our sample tended to over-represent those who are most deprived, reflecting partly the age group of the sample, and the fact that families are more likely to live in more deprived areas. The pattern at wave 11 is similar to those at previous waves.

⁵ Indices of Deprivation 2000 (2000), DETR Regeneration Research, Summary #31, DETR.

Chart 3b: Deprivation
 Base: Respondents W11 (n=739)



3.4 Education

With regard to educational attainment we asked young people which was the highest qualification they expected to achieve, since not all had completed full time education. In general, educational aspirations were high. At wave 11, around two fifths (43%) thought that they would gain a degree or higher qualifications, and a further fifth (21%) thought that they would gain A-levels or an equivalent qualification. Around one in ten (9%) thought that they would gain an NVQ/GNVQ and around one in six (17%) thought they would gain GCSEs. Less than 1% at wave 11 thought that they would gain no educational qualifications. Results were very similar at previous waves of this research.

3.5 Sexual experience

Questions were asked about sexual experience. In this context, the data on sexual behaviour are used as analysis, rather than outcome variables. Because of the seasonal influences on sexual behaviour, these data will be analysed and interpreted annually. Taking the sample of young people as a whole, over two fifths (42%) reported having had willing sexual intercourse.

Six percent of young people had had experience of pregnancy under 18 (either terminated or taken to term). This includes girls who were pregnant before the age of 18, or boys who had made a girl aged under 18 pregnant (no matter how old the boy was at the time). Pregnancy was more likely to be reported by those from social grades DE and those from more deprived areas. Thirty-three young women and eleven young men reported experience of pregnancy before the age of 18 at wave 11. Young women were more likely to report pregnancy, perhaps because some young men did not realise that they had made a girl pregnant.

3.6 Media consumption

Questions about media consumption were asked to inform future campaign planning and to be used as analysis variables when looking at campaign awareness.

3.6.1 Radio

Table 3a shows weight of commercial radio listening among young people aged 13-21 at wave 11.

Table 3a: Weight of commercial radio listening	
<i>Base: Young people W11 (n=739)</i>	
Hours of listening per week	Young people (739) %
Heavy (> 21 hours)	6
Medium (7 - 21 hours)	16
Light (< 7 hours)	53
Never listen	23
Don't know	*
Note * indicates a proportion which is higher than 0, but less than 1%	

As at all previous waves, younger respondents at wave 11 were slightly less likely to be heavy commercial radio listeners than their older counterparts (6% 13-15s, 6% 16-17s and 8% 18-21s). Boys were slightly more likely than girls to never listen to commercial radio (27% boys, 19% girls).

3.6.2 Print media consumption

Young people were shown a list of magazines, then asked which ones they read regularly (Table 3b). The list was changed as the research progressed to reflect the magazines used by the campaign. The table below shows the magazines in which advertising has recently appeared.

Table 3b: Magazines read by young people										
<i>Base: Young people 13-21 (n varies)</i>										
Proportion reading at least half of all issues	W11 (739) %	W10 (756) %	W9 (744) %	W8 (733) %	W7 (710) %	W6 (757) %	W5 (722) %	W4 (746) %	W3 (797) %	W2 (734) %
<i>Any magazine recently advertised in</i>	39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Bliss	17	15	16	15	19	17	14	18	16	17
Sugar	16	16	16	17	20	18	17	19	17	20
More	11	10	9	12	12	14	13	13	12	11
J17	10	11	8	11	13	12	13	12	12	14
TV Hits	9	8	6	8	10	10	9	9	9	9
Cosmo girl	9	8	6	7	6	5	5	2	N/A	N/A
Kerrang	8	9	11	9	9	10	9	8	6	6
Sneak	8	8	6	5	4	N/A	N/A	N/A	N/A	N/A
Young Voices	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Don't know	1	1	*	*	*	-	*	*	*	*

Note * indicates a proportion which is higher than 0, but less than 1%

The results at wave 11 were very similar to those at previous waves. The most commonly read girls' magazines were Sugar (31%) and Bliss (34%), each read regularly by over three in ten female respondents aged 13-21. Cosmo Girl (17%), J17 (20%) and More (19%) were also read regularly by around a fifth or just under of all girls aged 13-21.

Read regularly by around one in ten (10%) of young boys aged 13-21, Kerrang was the most widely read magazine by boys in the list shown.

Those aged 18-21 (outside the target group for the campaign) were less likely to read most of the publications advertised in than respondents from other age groups. Just over a quarter of respondents aged 18-21 (28%) regularly read at least one of the magazines in which ads have been placed, compared with 46% of those aged 13-17. This is not surprising considering many of these magazines are targeted at teenagers.

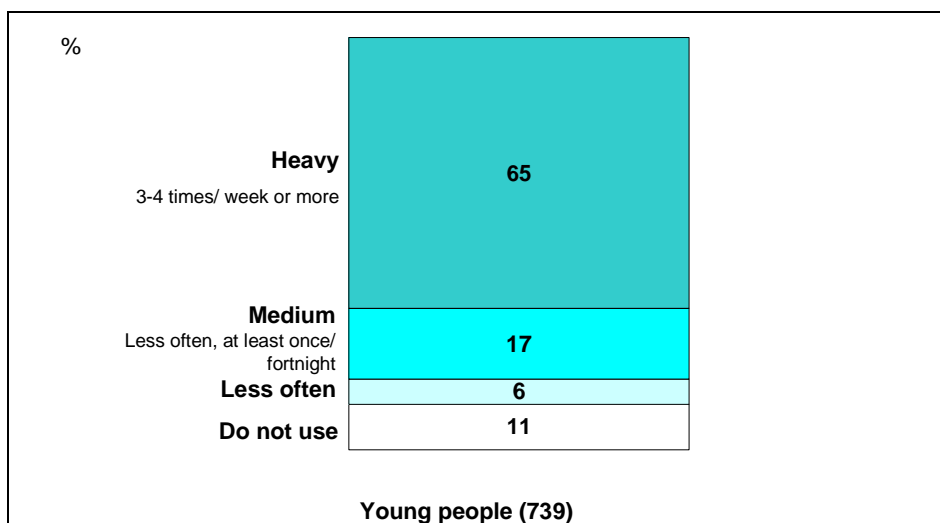
Of girls aged 13-17, three quarters (74%) read regularly a magazine in which ads were recently placed, whereas under a fifth (17%) boys aged 13-17 did the same.

3.6.2.1 Internet access

Traditional media channels – radio and the print media – are supported in the Teenage Pregnancy Strategy by the use of ambient media as well as the internet through a website called RUThinking.co.uk.

Chart 3c shows the weight of internet usage among young people at wave 11.

<p>Chart 3c: Weight of internet usage <i>Base: Respondents W11 (n=739)</i></p>
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At wave 11, close to nine young people in ten (89%) said they had access to the internet, same as the level seen at wave 10 (87%) and sustaining the gradual progression from 75% at the benchmark.

Around two-thirds (65%) young people had internet access at home, similar to wave 10 (62%) and a significant rise from the benchmark (45%).

The increased access to the internet at home by young people since the benchmark is encouraging as many young people may prefer to obtain information on sex and relationships from a website.

It should however be noted that as at previous waves, young people from the C2DE social grades at wave 11 continued to be less likely than ABC1s to have internet access at home (90% of ABs, 78% of C1s, 59% of C2s and 39% of DEs) or at school/college/university (78% of ABs, 78% of C1s, 68% of C2s and 61% of DEs).

Encouragingly, young people from C2DE households were slowly catching up with their counterparts from ABC1 households. Only one in six (17%) of young people from C2DE households said they had no access to the internet at wave 11, compared with close to two fifths (37%) at the benchmark (for ABC1s, 2% at wave 11 and 12% at the benchmark).

YOUNG PEOPLE

4.0 AWARENESS OF PUBLICITY ON SEX AND RELATIONSHIPS

In order to provide an accurate measure of campaign recall and awareness, all young people were asked about awareness of the campaign before it was launched. This gave us a benchmark against which to measure future performance of the campaign, and allows us to isolate the effects of any spurious awareness or external 'noise'.

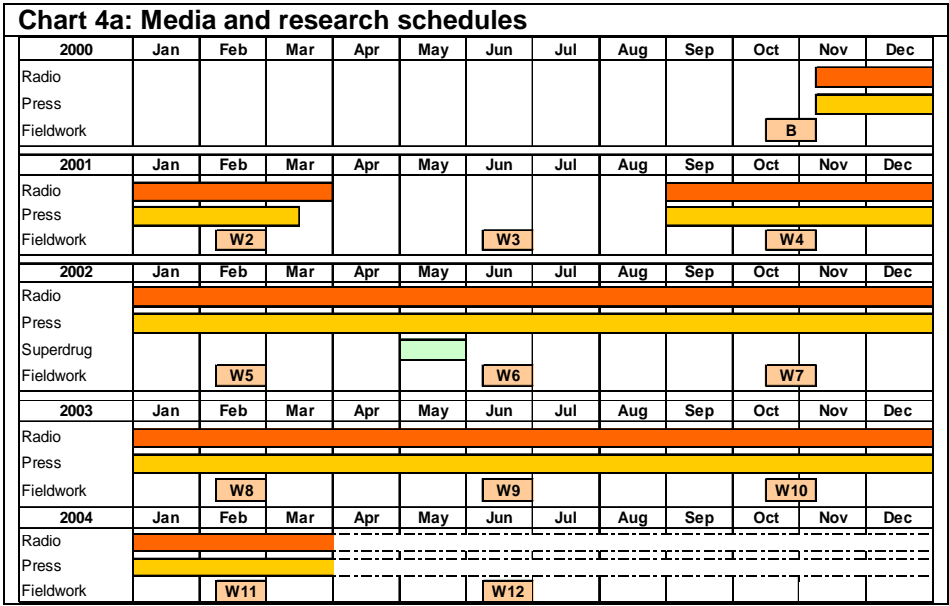
Wave 2 took place after the first phase of the campaign had been running for about 4 months, with a number of magazine ads in young people's titles and radio ads. Wave 3 followed a quiet period in the campaign, as the press and radio advertising ceased in March 2001 and fieldwork started on 12th June.

Wave 4 came right after the start of a second phase of advertising activity, which had been running for about five months by the time wave 5 went into the field. At the time of wave 6, some advertising was still ongoing, although to a lesser degree than at wave 5. This was supplemented by other campaign activity, such as some partnership activity with Superdrug stores and Pilot pens.

At wave 7 radio ads playing at the time were aimed at both boys and girls, but press ads were targeted mainly at teenage girls. Around the wave 8 fieldwork period, radio and press ads were aimed at both boys and girls. Wave 9 fieldwork took place during a relatively quiet phase of the advertising campaign, particularly as far as press advertising goes.

Similar to waves 9 and 10, wave 11 came after a quieter phase of the advertising campaign. There were fewer Magazine Rating Points (MRPs) and Radio Rating Points (RRPs) between waves 9 and 10 than between waves 8 and 9. At wave 11, the MRPs and RRP were similar to those seen at wave 10.

The schedules for the radio and press campaigns are shown in Chart 4a, together with the fieldwork period.



4.1 Spontaneous awareness of publicity about sex and relationships

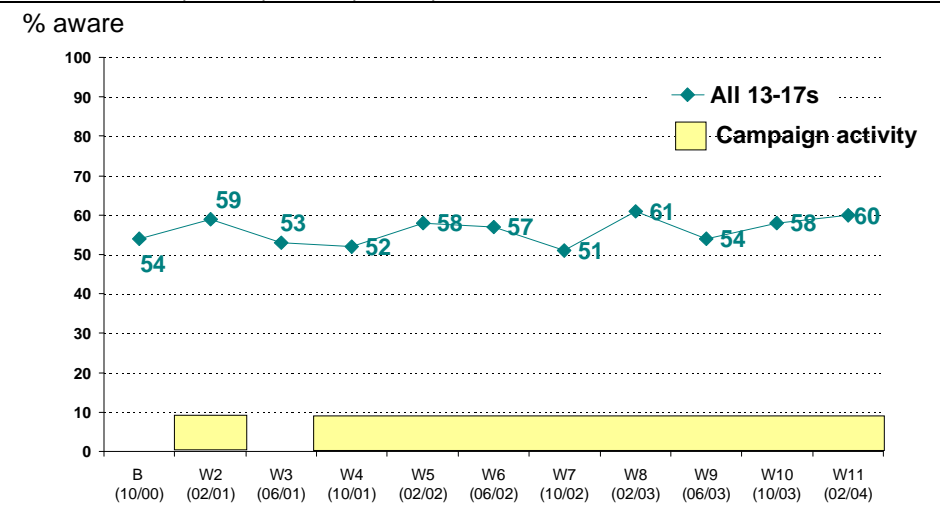
In order to measure young people’s spontaneous awareness of publicity, all respondents were asked if they had seen, heard or read any advertising or publicity recently about young people and sex and relationships.

The target audience for the advertising is 13-17 year olds, and we have therefore focused on this age group when reporting on awareness and recognition of advertising.

Awareness among 13-17 year olds at all eleven waves of the research is shown in Chart 4b. The blocks at the bottom of the chart indicate when campaign activity was on-going, although they do not show weight of that activity or spend.

Chart 4b: Awareness of publicity on sex and relationships among 13-17 year olds

Base: 13-17s B'mrk (n=476), W2 (n=476), W3 (n=502), W4 (n=490), W5 (n=463), W6 (n=502), W7 (n=478), W8 (n=488), W9 (n=490), W10 (n=499), W11 (n=492)



Awareness of publicity on sex and relationships at wave 11 was similar to that at wave 10 (58% at wave 10, 60% at wave 11). As in previous waves, girls were more likely to say that they were aware of such advertising and publicity than boys (66% of girls and 54% of boys). There were no differences in awareness by age or social grade.

Table 4a shows the proportion of young people in the key sub-groups of interest who claimed to be aware of recent publicity at each of the eleven waves of research.

% aware some publicity	W11 (492)	W10 (499)	W9 (490)	W8 (488)	W7 (478)	W6 (502)	W5 (463)	W4 (490)	W3 (502)	W2 (476)	B (476)
All 13-17 year olds (%)	60	58	54	61	51	57	58	52	53	59	54
Gender:											
Boys 13-17s (%)	54	51	43	56	39	53	52	44	46	49	49
Girls 13-17s (%)	66	64	64	67	62	62	65	59	60	69	59
Age:											
13-15s (%)	60	57	51	61	52	61	58	50	54	58	54
16-17s (%)	60	59	56	62	50	53	59	54	52	60	55
Social grade:											
ABC1 13-17s	62	60	57	64	54	59	61	50	55	63	58
C2DE 13-17s	58	58	51	59	48	56	55	53	51	55	51

Although girls were more likely to be aware of advertising or publicity on sex and relationships than boys at all eleven waves, the gaps tended to fluctuate from wave to wave. At waves 7 and 9, the differences were significant. At waves 10 and 11, however, the gap was narrower and similar to that seen at other waves.

4.2 Source of awareness of publicity

Young people were prompted with a list of sources of awareness of advertising or publicity on sex and relationships and asked if they had seen or heard or read any advertising or publicity in any of them recently. Their responses from all eleven waves are summarised in table 4b overleaf.

Table 4b: Source of awareness of advertising or publicity about sex and relationships

Base: 13-17s (n varies)

	Wave 11 (492)	Wave 10 (499) %	Wave 9 (490) %	Wave 8 (488) %	Wave 7 (478) %	Wave 6 (502) %	Wave 5 (463) %	Wave 4 (490) %	Wave 3 (502) %	Wave 2 (476) %	B'mark (476) %
<i>Aware any</i>	83	87	86	87	82	85	84	83	84	83	84
Magazine article	30	34	33	32	33	34	30	32	35	32	36
Leaflet/booklet	29	31	29	22	28	25	30	21	22	27	28
Radio ad	33	28	27	29	18	19	26	21	11	22	5
TV ad	27	27	30	30	22	28	30	25	24	23	21
Magazine ad	24	27	30	29	26	27	26	25	22	23	18
TV Programme	29	27	29	27	30	33	31	31	41	36	47
Poster	18	18	17	19	16	17	16	13	12	14	9
Poster in public toilets	13	13	15	12	13	14	11	11	N/A	N/A	N/A
Video	11	12	14	9	13	13	13	14	14	12	14
Newspaper article	13	12	12	13	14	13	14	15	18	16	26
Newspaper ad	8	7	9	7	8	6	10	10	8	8	10
Internet	7	11	13	13	10	11	11	9	8	7	8
Radio programme	12	9	9	9	7	9	9	7	7	8	8
Flyer	7	9	7	8	7	8	8	6	6	5	-
Factsheet	5	9	7	10	7	8	8	4	7	5	N/A
None of these	16	13	14	12	17	14	16	17	16	16	16
Don't know	*	-	-	1	1	2	1	1	2	2	-

Note: '*' indicates a proportion which is higher than 0, but less than 0.5%; '-' denotes 0%.

Over four fifths of young people aged 13-17 were aware of some advertising or publicity about sex and relationships throughout all eleven waves.

Mentions of radio advertising have tended to fluctuate in line with campaign activities at previous waves. At wave 11, however, a third of young people (33%) mentioned radio ads, slightly more – but not significantly so – than at waves 8, 9 and 10, despite a drop in RRP's since wave 8. For the first time since the tracking study began, at wave 11 radio ads were mentioned more than magazine ads as a source of awareness.

As at previous waves, older respondents were more likely than younger respondents to be aware of radio ads (26% 13-15s, 41% 16-17s). This is probably due to the fact that older respondents were more likely than younger respondents to be medium or heavy commercial radio listeners (15% 13-15s, 29% 16-17s). Similarly, girls were more likely than boys to be aware of radio ads on sex and relationships (27% boys, 40% girls) and they were also slightly more likely to be medium or heavy commercial radio listeners than boys (16% boys, 27% girls).

At wave 11, around a quarter (24%) of young people aged 13-17 mentioned magazine advertising, a proportion similar to that at earlier waves and reflecting the spend. As at previous waves, girls were more likely to have seen, heard or read advertisements and articles on sex and relationships in magazines than boys. Over two fifths (44%) of girls mentioned magazine articles, compared with one in six (16%) boys. Three in ten girls (30%) were aware of magazine ads, compared with a fifth (19%) of boys. This is hardly surprising as such issues tend to appear more in girls' magazines than boys' ones.

4.3 Recall of publicity seen or heard

Young people who recalled some advertising or publicity were asked to say what they remembered about it, including what the ad showed or said. Interviewers entered their verbatim responses into the computer, and these were later put into categories. The same codeframe was used at each wave to allow comparisons to be made. Results for all 13-17 year olds are shown in table 4d.

We have grouped responses reflecting elements of contraception and STIs under the 'net' figures of 'CONTRACEPTION – TOTAL' and 'STIS – TOTAL' respectively.

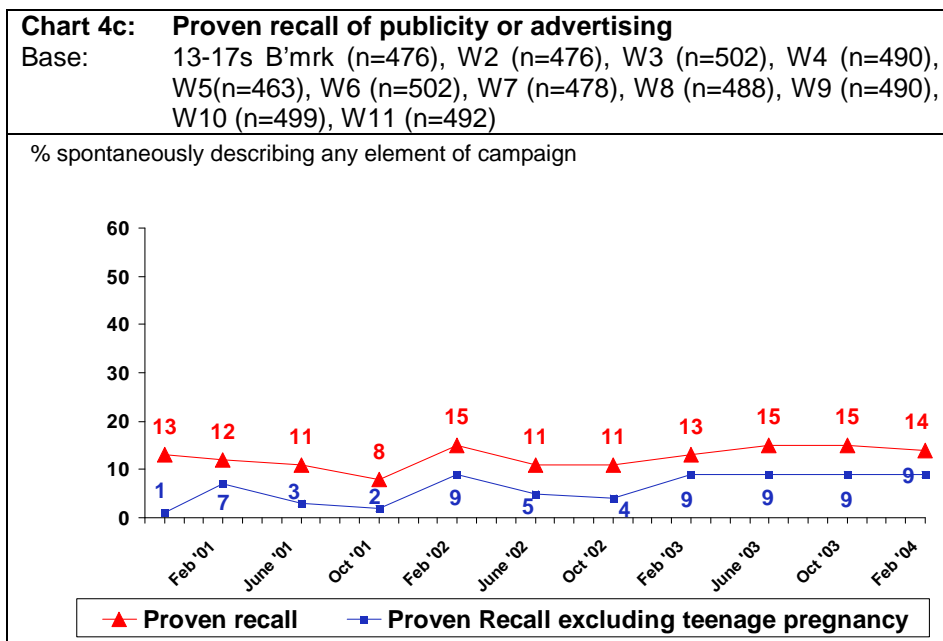
Table 4d: Spontaneous recall of publicity or advertising											
<i>Base: 13-17s (n varies)</i>											
	W11 (492) %	W10 (499) %	W9 (490) %	W8 (488) %	W7 (478) %	W6 (502) %	W5 (463) %	W4 (490) %	W3 (502) %	W2 (476) %	B (476) %
CONTRACEPTION – TOTAL	20	20	17	16	17	14	8	18	11	13	12
STIS – TOTAL	11	13	11	11	7	10	8	6	6	8	5
Use condoms	10	8	8	9	5	9	10	7	5	5	3
Safe sex	8	9	10	8	7	9	6	9	7	7	5
Be careful/ don't take risks	8	6	7	7	8	4	9	3	4	4	4
Gave helpline number	6	6	5	5	2	3	4	2	3	5	-
Teenage pregnancy	5	6	6	5	8	6	6	6	9	6	12
Relationships	4	2	2	4	2	3	4	4	4	4	7
Under age sex	2	2	3	2	3	3	2	3	4	4	5
Scenes in TV programmes/ films	2	2	1	2	1	2	1	2	3	3	7
Sex education at school	1	2	2	*	2	2	-	-	-	-	-
Pregnancy/ childbirth	1	1	2	*	1	3	1	1	1	3	3
Abuse / pressure / rape	1	1	1	1	1	2	-	-	-	-	-
Nothing	26	23	23	23	33	29	29	41	39	35	32
Don't know	16	14	14	19	16	15	16	14	13	15	15
Note: '**' indicates a proportion which is higher than 0, but less than 0.5%; '-' denotes 0%.											

There has been a slow but gradual increase in the level of recall of advertising and publicity on contraception (grouped under the net 'CONTRACEPTION – TOTAL'). Around a fifth (20%) of respondents aged 13-17 mentioned it at wave 11, compared with 12% at the benchmark. Boys were a little more likely than girls to mention contraception at wave 11 (21% boys, 18% girls).

Awareness of advertising or publicity on AIDS or STIs at wave 11 (grouped under the net 'STDS – TOTAL') was similar to wave 10 (13% at wave 10 and 11% at wave 11) and an improvement from the benchmark (5% at benchmark).

In order to measure more accurately how well young people could recall the Teenage Pregnancy Campaign, we have calculated the proportion of young people who had spontaneously mentioned any elements of the Teenage Pregnancy Campaign. The 'proven recall' figure includes any mentions of teenage pregnancy, virginity campaign, the Government's strategy to reduce pregnancies, Sexwise or RUThinking or any Teenage Pregnancy advertisements. The results from waves 1 to 11 are shown in chart 4c.

In chart 4c, we have also included the ‘proven recall excluding teenage pregnancy’ figures. This is because teenage pregnancy is a relatively general topic and respondents might have referred to the ‘noise’ in the media on teenage pregnancy instead of the Teenage Pregnancy Campaign.



Levels of recall of advertising or publicity about the Teenage Pregnancy Campaign or teenage pregnancy have remained fairly constant throughout all eleven waves (14% at wave 11, 13% at benchmark).

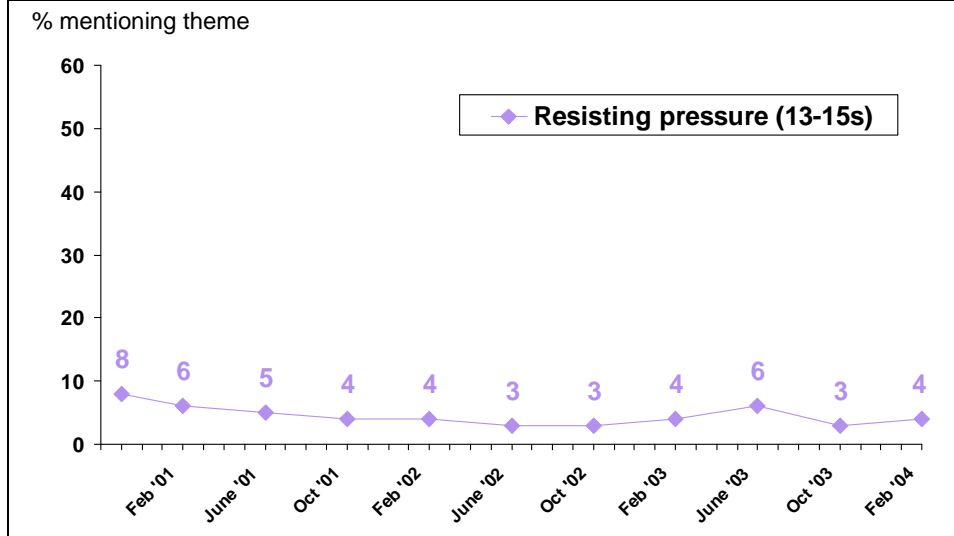
The ‘proven recall’ figure at wave 11 is similar to waves 8 onwards, sustaining the gradual increase from wave 7. When we look at the ‘proven recall’ figures without mentions of teenage pregnancy, the figure is 9% at wave 11, the same as at waves 8 to 10. This is very positive as it did not slip despite a fall in MRPs and RRP’s since wave 8 and seems to suggest that the campaign is well remembered by those who have been exposed to it.

‘Resisting Pressure’, ‘Condom Negotiation’ and ‘STIs’ are the three major themes of the Teenage Pregnancy Campaign. In order to analyse in more detail how the campaign has communicated to their target audience, we have illustrated the proportions of young people who spontaneously mentioned ‘Resisting Pressure’, ‘Condom Negotiation’ and ‘STIs’.

Chart 4d shows the proportions of 13-15s (the target audience for ads on ‘Resisting Pressure’) who spontaneously mentioned ‘Resisting Pressure’ in all eleven waves. Due to the small base sizes, the results should be treated with some caution.

Chart 4d: Spontaneous mentions of campaign theme – ‘Resisting Pressure’

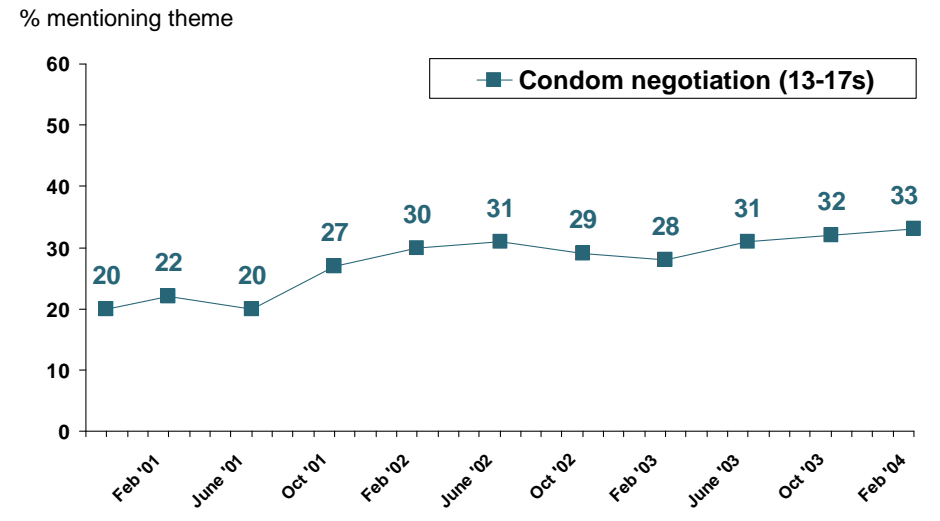
Base: 13-15s B'mrk (n=253), W2 (n=247), W3 (n=243), W4 (n=249), W5 (n=233), W6 (n=265), W7 (n=255), W8 (n=244), W9 (n=257), W10 (n=262), W11 (n=260)



Throughout all eleven waves, ‘Resisting Pressure’ has remained the least mentioned campaign theme with only 4% of respondents aged 13-15 mentioning elements of ‘Resisting Pressure’ at wave 11.

Chart 4e illustrates the figures on spontaneous mentions of ‘Condom Negotiation’ amongst its target audience (13 – 17 year olds).

Chart 4e: Spontaneous mentions of campaign theme – ‘Condom Negotiation’
 Base: 13-17s B'mrk (n=476), W2 (n=476), W3 (n=502), W4 (n=490), W5 (n=463), W6 (n=502), W7 (n=478), W8 (n=488), W9 (n=490), W10 (n=499), W11 (n=492)

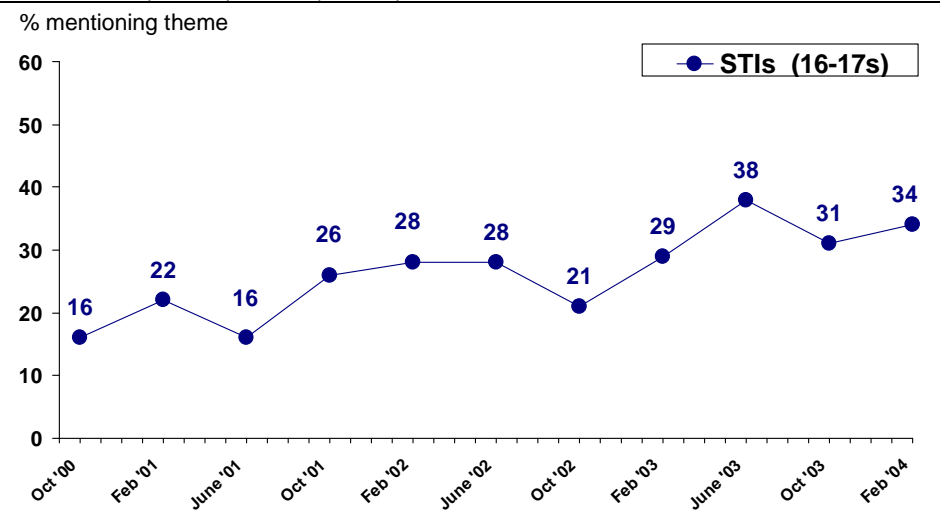


Around a third (33%) of young people aged 13-17 spontaneously mentioned ‘Condom Negotiation’ at wave 11, similar to the proportion seen since wave 4 and sustaining the increase from the benchmark (20%).

This is very encouraging as ‘Condom Negotiation’ as a theme remains steady and strong despite fluctuations in media spend.

Finally, the proportions of young people aged 16-17 who spontaneously mentioned ‘STIs’ in the last eleven waves are plotted in chart 4f. Due to the small base sizes the results should be treated with some caution.

Chart 4f: Spontaneous mentions of campaign theme – ‘STIs’
 Base: 16-17s B'mrk (n=222), W2 (n=229), W3 (n=258), W4 (n=241), W5 (n=230), W6 (n=236), W7 (n=223), W8 (n=244), W9 (n=233), W10 (n=236), W11 (n=233)



At wave 11, around a third (34%) of respondents aged 16-17 spontaneously mentioned 'STIs' when asked what they could remember seeing, hearing or reading about. This is similar to the level at wave 10, and compared with the level seen at benchmark (16%), there has been a significant increase in spontaneous mentions of 'STIs' among young people aged 16-17.

Girls and boys were just about equally likely to mention STIs spontaneously (33% of boys and 36% of girls aged 16-17 mentioned this theme).

4.4 Main message of publicity

Those who recalled seeing some advertising or publicity were asked what they thought the main messages of that publicity were. Their answers were coded and results presented in Table 4e.

Table 4e: Publicity messages recalled											
<i>Base: Young people aged 13-17 (varies)</i>											
	Wave 11 (492) %	Wave 10 (499) %	Wave 9 (490) %	Wave 8 (488) %	Wave 7 (478) %	Wave 6 (502) %	Wave 5 (463) %	Wave 4 (490) %	Wave 3 (502) %	Wave 2 (476) %	B'mark (476) %
Safe sex	20	21	18	20	17	12	15	13	14	15	12
Contraception	12	11	13	15	8	17	12	13	4	8	8
Be careful	5	5	10	10	7	13	8	6	10	5	8
Condoms prevent STIs as well as pregnancy	5	4	4	*	1	-	2	2	-	-	-
Don't have underage sex	4	4	4	5	5	5	5	5	6	6	9
Find out the facts / get educated	3	3	3	1	1	2	2	2	-	-	-
STIs	2	5	3	5	3	5	3	3	2	4	2
Don't be pressured	2	2	2	2	4	2	2	2	2	3	1
Prevent unwanted pregnancies	2	2	2	2	2	1	2	2	1	2	1
Don't rush into relationships until you are ready	2	2	1	2	4	5	1	3	2	3	4
Mention teenage pregnancy	1	1	*	*	1	3	1	1	5	4	4
Think about it	*	2	2	2	1	1	2	2	1	1	-
Teenage pregnancy will ruin your life	*	2	1	1	2	2	1	*	2	1	2
Nothing	26	21	24	24	33	29	29	40	39	36	32
Don't know	15	15	11	11	11	12	13	11	13	13	14
Note * indicates a proportion which is higher than 0, but less than 1%											

As at previous waves, messages that tended to come through were the more general ones. Over a quarter of young people aged 13-17 (20%) mentioned 'safe sex', sustaining the increase since benchmark (12%). 'Contraception', mentioned by 12%, was similar to wave 10. 'Be careful' (5%), 'Don't have underage sex' (4%) and 'condoms prevent STIs as well as pregnancy' (5%) were other general messages that were likely to be recalled by young people.

4.5 Awareness of slogan

At wave 11, 1% of respondents aged 13-17 could name the slogan of the Teenage Pregnancy Campaign 'Sex, are you thinking about it enough?' and a further 2% mentioned something similar (e.g. 'are you thinking about it?' and 'are you thinking?'). This is similar to previous waves. The level of awareness of the slogan may seem low but we should bear in mind that raising awareness of the slogan is not an objective of the campaign.

Even though the slogan was not at the top of mind of the majority of young people, many might have heard about it. Hence, we asked all respondents whether they have heard of the phrase 'Sex: are you thinking about it enough?' As at wave 10, around seven in ten (71%) young people aged 13-17 said they had heard the phrase and the level of awareness was higher among girls (62% boys, 80% girls).

Similar to earlier waves, when asked whether they could remember any slogan from advertising or publicity about sex and relationships, 4% of young people aged 13-17 mentioned some slogans from the adult sexual health campaign such as the 'Sex Lottery', reflecting that some young people also picked up messages not directly targeted at them.

4.6 Prompted recognition of the campaign

Towards the end of the interview, young people were shown and played a number of advertising executions and asked whether they recalled seeing or hearing them recently.

All respondents were shown four picture ads: Mr Men, Puppet, Tongue Tied (which has not been aired for some while) and either Er... Um or Torch. They were also played four radio ads: Message, Odd One Out, Ode to Jennifer (none of these three have been on air recently) and either Tall Stories or Roll Call.

The picture ads, which had initially only been used in magazines, started to appear in other ambient media (e.g. posters and postcards) during the second phase of the advertising campaign so the questions relating to these ads were expanded to take this into account.

From waves 2 to wave 4, young people were asked:
Have you seen this ad in a magazine before?

Yes
No
Don't know

And from waves 5 to 7, the question changed to:

Have you seen this ad before?

Yes - in magazine
Yes - on a poster or card
Yes - not sure where
No
Don't know

At waves 8 to 11, further changes in the advertising campaign meant the question was amended to:

Have you seen this ad before?

Yes - in magazine
Yes - on a card or on a poster in a toilet
Yes - not sure where
No
Don't know

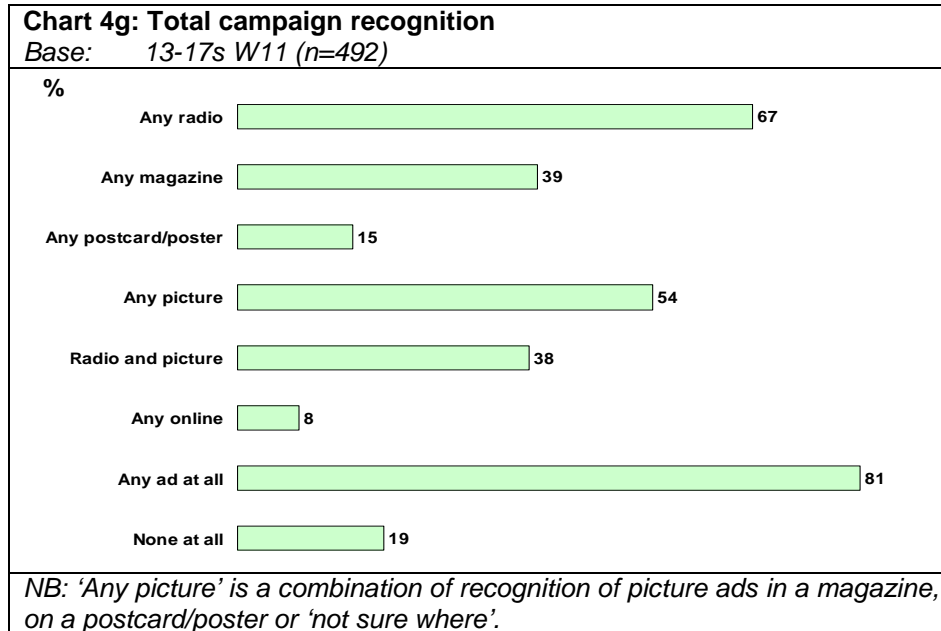
Copies of the picture ads and radio ad scripts tracked at wave 11 are included in the appendices.

Details of all ads shown and played at each wave are included in Table 4f, on the following page.

Table 4f: Campaign materials showed/played				
	Radio ads		Picture ads	
Wave 2	Girls who have Nightmare Odd One Out		Virgin (Boy) Virgin (Girl) Control Difficult	Thoughtful Fancies 1 st time
Wave 3	Girls who have Nightmare Natalie	Steve Unspeakable	Virgin (Boy) Virgin (Girl) Control Difficult Thoughtful Fancies	1 st time Er ... um Feelings Period Private
Wave 4	Girls who have Nightmare Natalie Steve	Unspeakable Be prepared On the pill	Virgin (Boy) Virgin (Girl) Control Difficult Thoughtful Fancies 1 st time	Er ... um Feelings Period Private Nursing Torch T-shirt
Wave 5	Girls who have Steve Unspeakable Be prepared	On the pill Mr Wiggly Cocktail	Control Fancies 1 st time Er ... um Feelings Period Private	Nursing Torch T-shirt Master the condom Condoms are free
Wave 6	Girls who have On the pill Be prepared	Mr Wiggly Natalie	Control Er... um Period Private	Torch Master the Condom
			----- Lightbulb logo (<i>Superdrug</i>)	
Wave 7	Girls who have Steve Be prepared		Control Er... um Period	Torch
Wave 8	Girls who have Be prepared Natalie	Tall stories All the extras Roll call	Control Er... um Torch Dynamite	Puppet Karmasutra Warhol Mr Men
Wave 9	Girls who have Be prepared Natalie	Tall stories All the extras Roll call	Control Er... um Torch Dynamite	Puppet Karmasutra Warhol Mr Men
Wave 10	Girls who have Be prepared Natalie	Tall stories All the extras Roll call	Control Er... um Torch	Puppet Warhol Mr Men
Wave 11	Tall Stories Roll Call Message	Odd One Out Ode to Jennifer	Mr men Er...um Torch	Puppet Tongue Tied

We will look at recognition of individual ads in sections 4.7 and 4.8, but here we examine overall campaign recognition among the target audience of 13-17 year olds.

Chart 4g details overall recognition of different elements of the campaign at wave 11.



Over four in five young people aged 13-17 (81%) had seen or heard something from the campaign, exactly the same percentage as at wave 10 and a similar proportion to wave 9 (79%). This is very positive considering that there was a decrease in advertising spend between waves 9 and 11. Levels of repeat exposure to advertising were also high, with almost four in ten (38%) having heard both a radio ad and seen a picture ad at wave 11.

Girls were more likely to recall the campaign than boys (92% of girls said they recognised at least one ad, compared with 70% of boys). There was little difference by age or social grade.

As at wave 10, two thirds (67%) of young people aged 13-17 had heard of at least one radio ad, which is in turn similar to wave 9. The proportion of respondents who had seen at least one picture ad remained at just over a half (54%). This is probably because of the relatively long shelf life of magazines and the presence of ambient media.

As at previous waves, comparisons of ad recognition wave on wave should be treated with caution, as young people were shown a different selection of ads at each wave. However, this measure does give an indication of overall campaign coverage. The question change at wave 5 makes this comparison even more complicated, as there is no measure for 'picture' ads at earlier waves. Therefore, Table 4g only shows results from waves 5 to 11. It also should be noted that online ads were included for the first time at wave 11.

Table 4g: Total campaign recognition
Base: 13-17s W5 (n=463), W6 (n=502), W7 (n=478), W8 (n=488), W9 (n=490), W10 (n=499), W11 (n=492)

	Wave 11 (492) %	Wave 10 (499) %	Wave 9 (490) %	Wave 8 (488) %	Wave 7 (478) %	Wave 6 (502) %	Wave 5 (463) %
Any radio ad	67	67	67	66	58	58	57
Any magazine ad	39	41	34	36	35	33	32
Any postcard/poster	15	10	9	10	8	17	18
Any picture	54	57	40	49	45	49	49
Radio and picture	42	44	35	38	31	34	29
Any online	8	N/A	N/A	N/A	N/A	N/A	N/A
Any ad all	81	81	79	77	72	73	78
None at all	19	19	21	23	28	27	22

The proportion of all 13-17s exposed to at least one campaign ad has remained fairly constant at the same high level over the last few waves. This is very promising, given that the advertising spend has fluctuated from wave to wave.

The increase from waves 9 to 10 was mainly due to a rise in awareness of advertising in magazines, which increased from a third (34%) at wave 9 to four in ten (41%) at wave 10 and remained at around four in ten (39%) at wave 11 despite lower spend.

Just under one in ten (8%) said they had seen an ad online.

Table 4h examines differences in advertising recognition among key groups at wave 11.

Table 4h: Total campaign recognition
Base: 13-17s W11 (n=492)

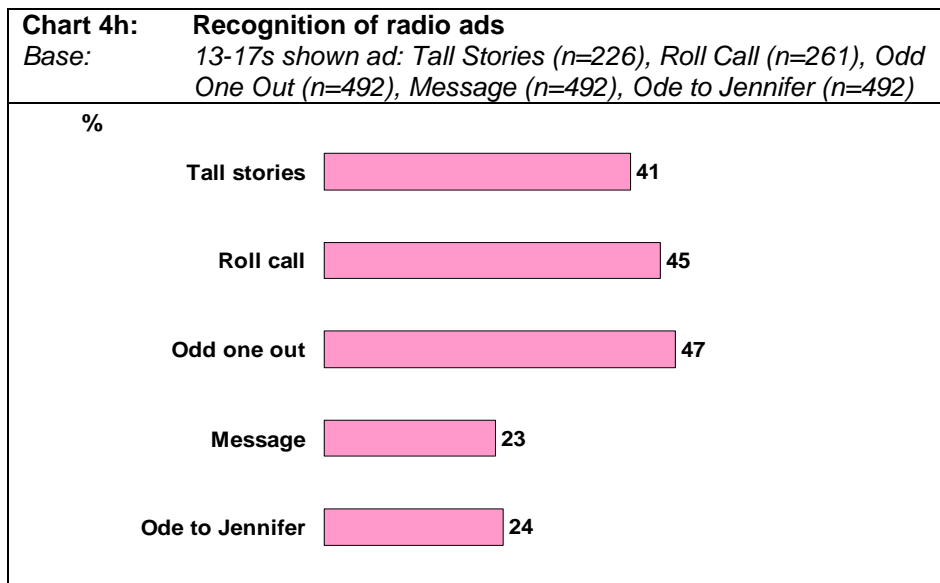
	Base	Any radio ad	Any magazine ad	Any postcard/poster	Any picture	Radio and picture	Any online ad	Any ad All	None at all
All 13-17 year olds (%)	492	67	39	15	54	42	8	81	19
Gender:									
Boys 13-17s (%)	250	61	15	14	34	26	7	70	30
Girls 13-17s (%)	242	74	63	16	74	57	9	92	8
Age:									
13-15s (%)	260	64	41	13	55	47	9	79	21
16-17s (%)	233	71	36	17	53	43	7	83	17
Social grade:									
ABC1 13-17s	242	67	39	13	53	41	8	81	19
C2DE 13-17s	250	68	38	17	54	42	8	81	23

The pattern of advertising recognition by sex, age and social groups at wave 11 is very similar to that at previous waves. Almost three-quarters (74%) of girls aged 13-17 had seen at least one picture ad and over four in ten (45%) had seen more than one picture ad. A third (34%) of boys aged 13-17 had seen at least one picture ad (down from 39% at wave 10) but only one in ten (12%) had seen more than one picture ad.

Girls were also slightly more likely to be aware of radio ads than boys (61% boys and 74% girls). Half (50%) of girls aged 13-17 had heard more than one radio ad, compared with just over a quarter of boys aged 13-17 (27%).

4.7 Prompted recognition of radio ads

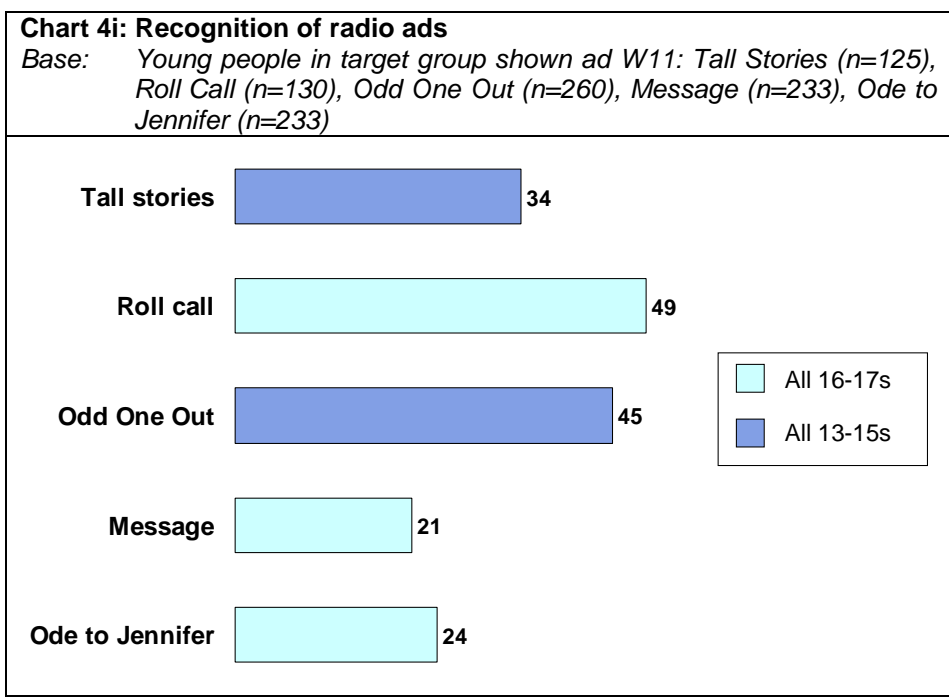
All young people were played four of the five radio ads we were tracking and then asked if they had heard them recently. Ads were played in a randomised order to avoid any order effect. Chart 4h shows levels of recognition of the ads among all 13-17 year olds at wave 11.



All ads had a low level of recent spend (as detailed below) though spend on ‘Tall Stories’, ‘Roll Call’ and ‘Odd One Out’ has been higher in the past. ‘Odd One Out’ and ‘Roll Call’ were the best recognised ads among young people aged 13-17 (at 47% and 45% respectively). At wave 10, both ‘Roll Call’ and ‘Tall Stories’ were recognised by 49% of 13 – 17 year olds, so ‘Tall Stories’ is a little less well remembered now.

The level of recognition achieved by each ad can vary according to weight and target audience. It is therefore important to take this factor into account when looking at recognition of the ads. Also, it should be borne in mind that some of the bases for these groups are quite small.

Chart 4i shows recognition of the ads at wave 11 among the target audience for each radio ad.



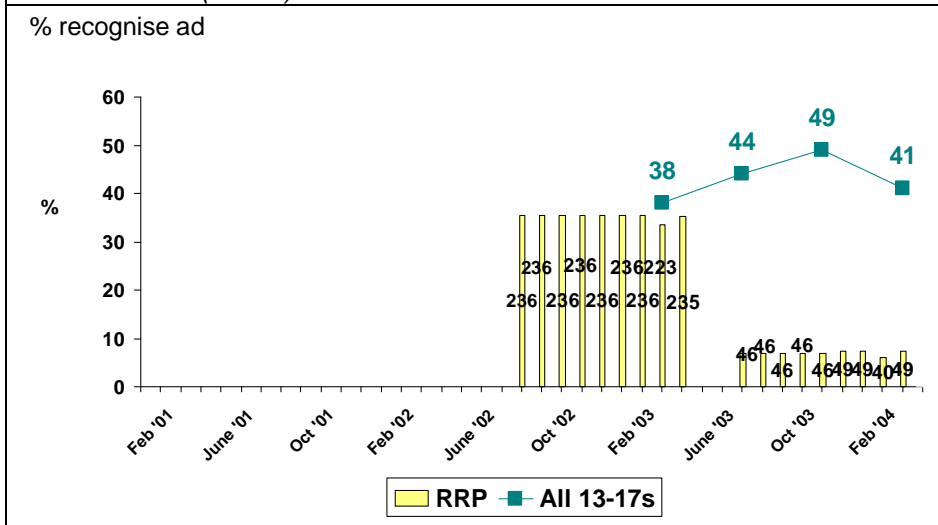
Apart from ‘Tall Stories’, all ads were about as well recognised by their target audience as by all 13-17 year olds. Recognition of the ‘Odd One Out’ ad was particularly strong given the relatively low level of spend (187 RRPs in the run up to Wave 11, but no spend on this ad for more than two years before).

The following charts show recognition of each ad at all the waves of research where it was tracked. The lines show recognition of the ad and the columns show RRPs, which give an indication of the spend on each ad.

Although the ads were brought against specific audiences, the following analysis will be based on all 13-17s as the bases for individual audiences are too small for differences to be shown.

Chart 4j: Recognition of 'Tall Stories'

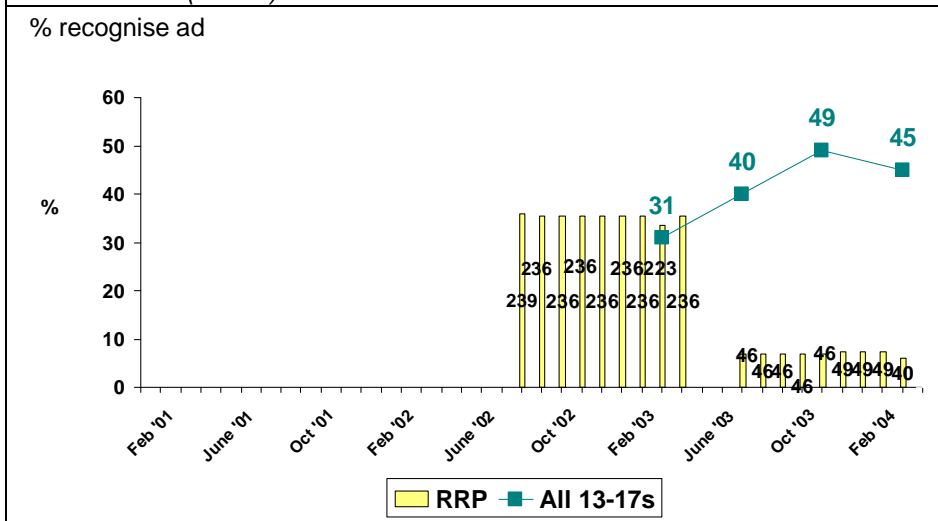
Base: 13-17s played ad: W10 (n=234), W9 (n=223) and W10 (n=254), W11 (n=226)



There is a drop in the level of recognition of 'Tall Stories' from 49% to 41% among 13-17s at wave 11. This is not surprising considering the lower media spend since mid 2003.

Chart 4k: Recognition of 'Roll Call'

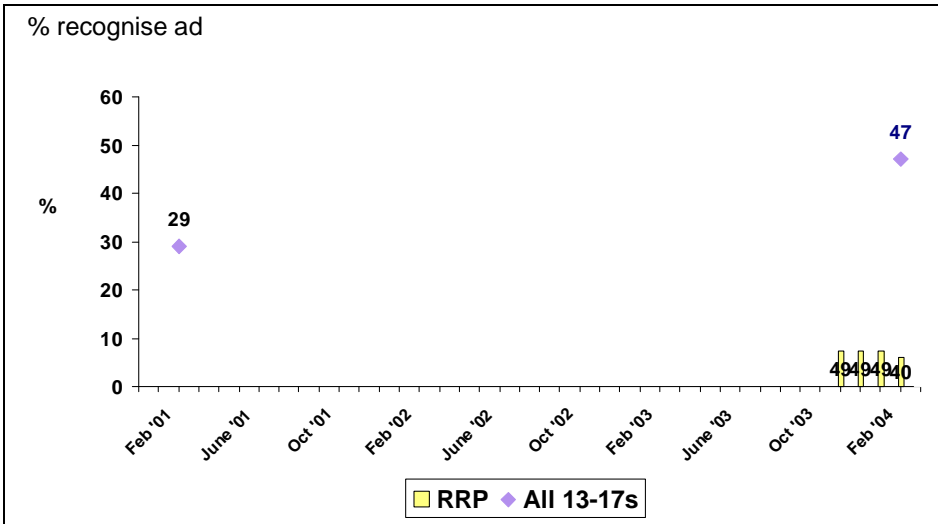
Base: 13-17s played ad: W10 (n=234), W9 (n=239) and W10 (n=226), W11 (n=261)



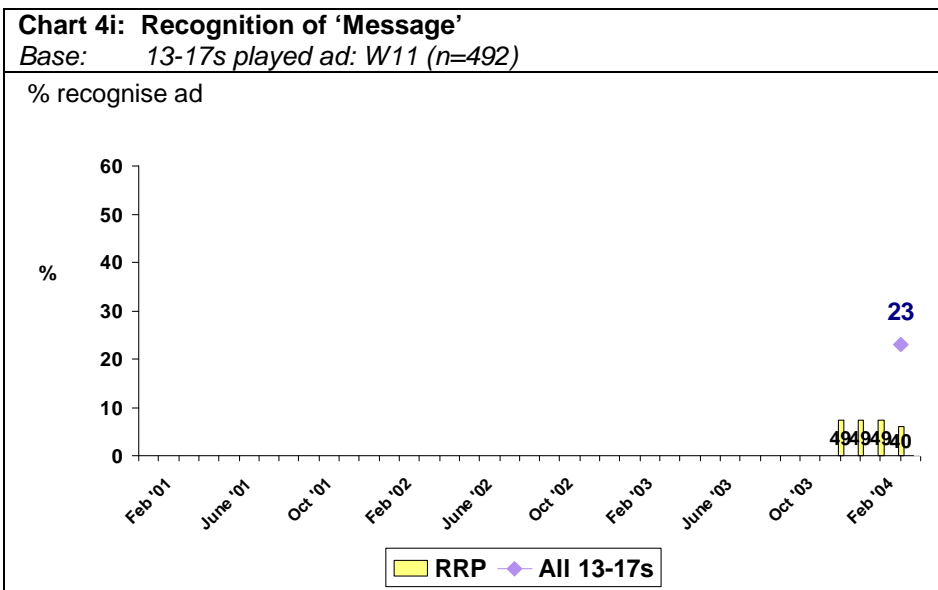
The level of recognition of 'Roll Call' has also slipped slightly from 49% to 45% at wave 11 due to a lower media spend since mid 2003.

Chart 4l: Recognition of 'Odd one out'

Base: 13-17s played ad: W2 (n=476), W11 (492)

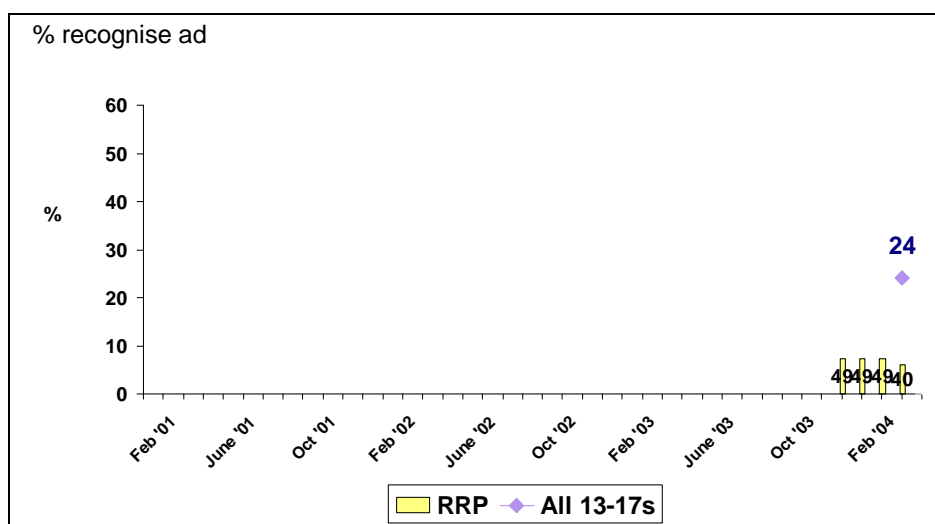


When 'Odd One Out' was aired during the first phase of the advertising campaign, the level of recognition of the ad was three in ten 13-17s at wave 2 (29%). Since the end of 2003, it was back on radio again. Encouragingly, close to half (47%) 13-17s recognised the ad despite a low media spend, suggesting that the ad was well remembered by young people.



'Message' was aired at around the same period as 'Odd One Out' and had a similar media spend. Close to a quarter (23%) of 13-17s recognised the ad, lower than the level of recognition of 'Odd One Out' but still quite good for a relatively new ad.

Chart 4j: Recognition of 'Ode to Jennifer'
 Base: 13-17s played ad: W11 (n=492)



Ode to Jennifer was aired around Valentine Day and a quarter (24%) of young people aged 13-17 remembered the ad.

4.8 Prompted recognition of picture ads

After they had heard the radio ads, all young people were shown four of the five picture ads listed in Table 4e and asked if they recalled seeing them recently in a magazine, on a card or on a poster in a toilet, or somewhere else. The ads were shown on the interviewers’ laptop screen, and were viewed in such a way that the headline and graphics could be clearly read. However, the interview length dictated that the young people could not read all of the text shown on the ads, and therefore the ads were shown in such a way that all of the smaller text could not be read.

Table 4i shows recognition of picture ads shown at wave 11 amongst all 13-17 year olds, including where they saw it. Everyone was shown ‘Mr Men’, ‘Puppet’ and ‘Tongue Tied’ and either ‘Er... Um’ or ‘Torch’ .

	Base	Total %	Magazine %	Poster/postcard %	Don't know where %
Er...um	237	27	19	5	5
Torch	253	44	32	8	4
Puppet	492	20	15	4	2
Mr Men	492	28	19	6	4
Tongue Tied	492	12	8	3	2

Note * indicates a proportion which is higher than 0, but less than 1%

As in previous waves, the best recognised ad was ‘Torch’, seen by over two fifths of 13 – 17 year olds, as at wave 10. We showed respondents the pink version of this ad. A blue version also exists, but the ads are so similar in style, respondents who have seen either ad would have recognised it.

‘Mr Men’ and ‘Er...um’ were the next most recognised ads., seen by over a quarter in each case. ‘Puppet’ was recognised by a fifth and ‘Tongue Tied’ – the least well recognised - by one in eight

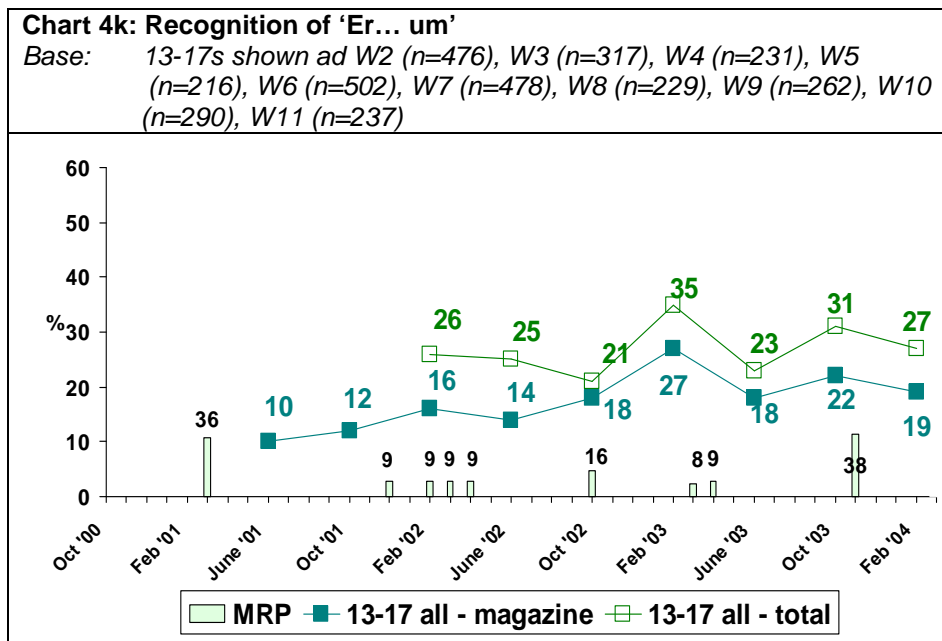
As at previous waves, the level of repeat exposure at wave 11 was quite high. Over half (54% - slightly down from 57% at wave 10) 13-17s recognised one or more of the ads shown and this consisted of 26% who had seen one ad before, 17% who had seen two, 8% who had seen three and 3% who had seen all four ads.

There were some differences in recognition of the picture ads – 74% of girls recognised at least one, compared with just 34% of boys. Amongst the girls, 13 – 15 year olds had slightly higher awareness than 16 – 17 year olds (78% amongst 13 – 15 year old girls, compared with 69% amongst 16 – 17 year olds). There was little difference by social class.

As mentioned in the context of the radio ads, it is important to bear in mind the ads’ target audiences and the media weight each one received when attempting to compare their performance. However, this is problematic with the picture ads, as we have no data to indicate ambient presence, so only Magazine Rating Points (MRPs) are indicated on the charts. The information presented in the next few charts will therefore necessarily be quite incomplete, and this should be borne in mind when considering these results.

As with the radio ads, we have based the results on 13-17 year olds, as the individual ads’ target audiences are too small to look at separately.

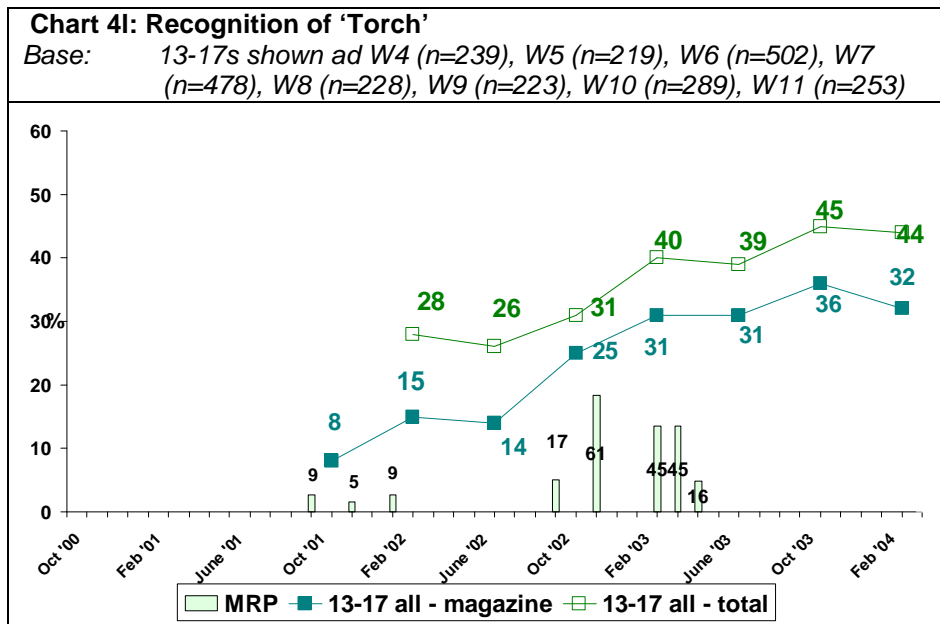
Three of the five ads. had received very low recent spend although the only one benefiting from higher recognition at this wave was ‘Mr Men’. Despite receiving no recent spend, awareness of ‘Torch’ held up.



At wave 11, just over a quarter of respondents (27%) aged 13-17 who were shown ‘Er...um’ said that they recognised it..

Forty per cent of girls aged 16-17, the target audience, claimed to have seen the ad somewhere at wave 11, down a little from 45% at wave 10 but still higher than the 33% recorded at wave 9.

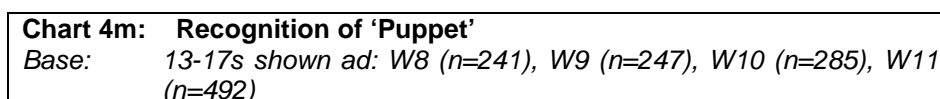
Young people from ABC1 households were a little more likely to recognise ‘Er...um’ than those from C2DE households (31% of 13-17 ABC1s, 24% 13-17 C2DEs). This is similar to the trends seen at waves 9 and 10.

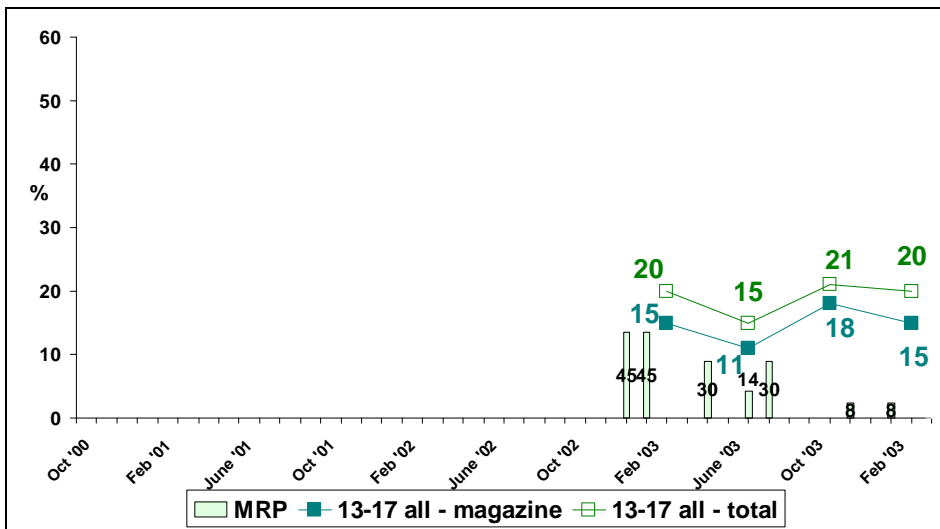


Level of recognition among girls aged 16-17, the target audience for the pink version of ‘Torch’, increased from 48% at wave 9 to 64% at wave 10 and remained high at 61% at wave 11. As at previous waves, girls were more likely to have seen the ad in a magazine than on a card or on a poster in the toilet (53% 13-17 girls saw it in a magazine compared with 9% who saw the ambient version, though this was up from 4% at wave 10).

A quarter of boys aged 16-17 (24%), the target audience of the ambient version of ‘Torch’, recognised the ad, similar to waves 9 and 10 (24% and 28% respectively).

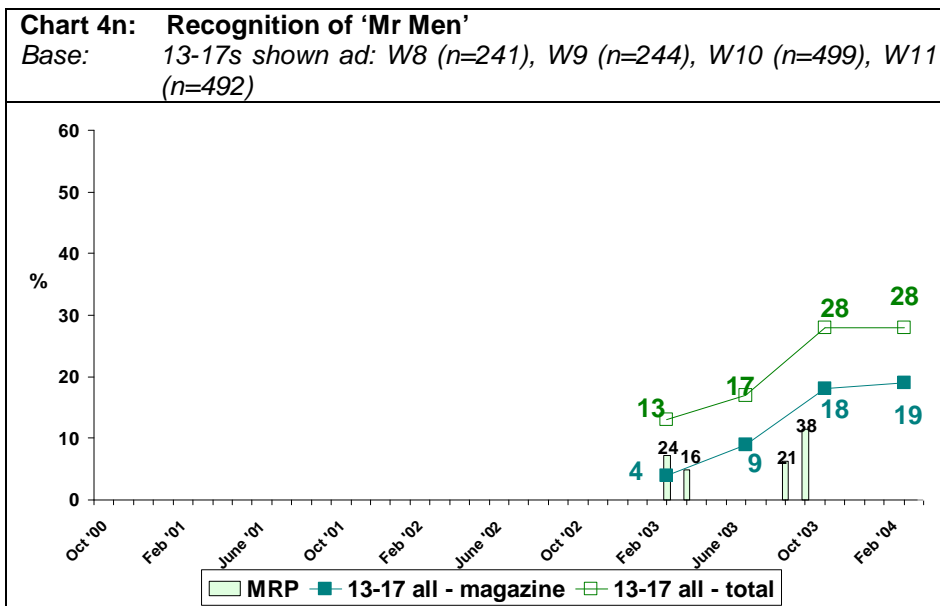
All in all, ‘Torch’ has made a very positive impact as it is remembered by a good proportion of its target audience.





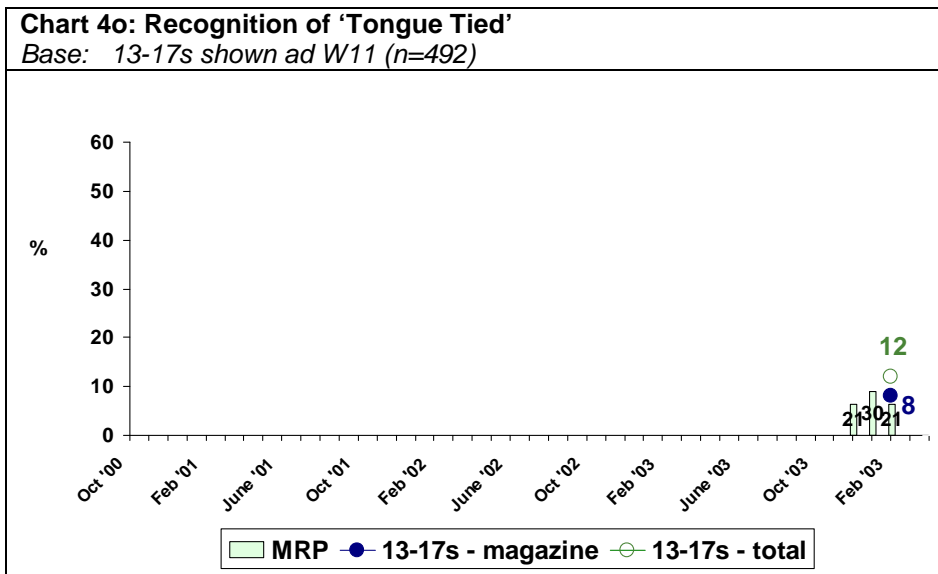
One in five young people aged 13-17 recognised 'Puppet' at wave 11, which is similar to the level seen at wave 10.

The target audience for 'Puppet', which encourages young people to resist peer pressure, is those aged 13-15. Over a quarter (27%) of those aged 13-15 recognised the ad at wave 11, up from 22% at wave 10, with relatively little spend.



Over a quarter (28%) of young people aged 13-17 recognised the ad. At wave 10 the proportion recognising 'Mr Men' was also 28%, so awareness has been maintained, despite there being no spend. The target audience for this ad is 16 – 17 year olds. Almost three in ten (29%) 16 – 17 year olds said they had seen the ad, with almost a fifth of them (19%) specifically remembering seeing it in a magazine.

Similar to previous waves, girls were more likely to have seen ‘Mr Men’ than boys (39% 13-17 girls, 16% 13-17 boys). This is probably because girls were more likely than boys to have read magazines in which the ads have featured.



‘Tongue Tied’ was recognised by just over one in ten 13 – 17 year olds (12%). It was recognised more by girls (19%) than boys (6%).

4.9 Message communication

Young people were asked about the message communication of the radio and of the magazine ads they had heard and seen, and Table 4j shows the results for waves 6 to 11. The question was altered slightly at wave 6, with separate questions being asked about the messages of the radio and picture ads, which means we cannot compare results with previous waves.

	Wave 11 Radio %	Wave 10 Radio %	Wave 9 Radio %	Wave 8 Radio %	Wave 7 Radio %	Wave 6 Radio %
Use contraception/wear a condom/safe sex	46	49	61	55	56	73
Condoms protect against STIs as well as pregnancy	13	10	5	7	3	2
There are people there to give you advice	11	5	7	5	9	3
Don't feel pressured	9	11	7	8	10	5
Don't have sex too young	9	8	6	8	9	5
STIs/STDs	7	4	7	9	7	10
Make you aware of the risks	7	4	-	-	-	-
Don't believe everything your friends say	6	10	7	10	7	3
Are you thinking?/ think before having sex	6	6	5	8	7	7
Call the helpline	3	4	5	5	9	3
You can't tell who has STIs by looking at them	3	4	1	2	6	2
Don't rush into sex	2	2	1	1	2	1
Don't be embarrassed to talk about sex	2	2	-	1	1	5
Wait for the right time	1	2	2	2	4	2
OK to be a virgin	1	*	-	-	-	*
Giving facts / dispelling myths	*	1	*	1	2	1
Don't be embarrassed to talk about condoms	-	-	-	*	*	4
Don't worry about sex	-	-	-	2	1	1
None/Don't know	8	9	9	10	10	7
Note * indicates a proportion which is higher than 0, but less than 1%						

Table 4j: Main message of press ads

Base: 13-17 year olds W6 (n=502), W7 (n=478), W8 (n=488), W9 (n=490), W10 (n=499), W11 (n=492)

	Wave 11 Picture %	Wave 10 Picture %	Wave 9 Picture %	Wave 8 Picture %	Wave 7 Picture %	Wave 6 Picture %
Use contraception/wear a condom/safe sex	31	19	25	25	29	38
Make you aware of the risks	9	8	*	-	-	-
STIs/STDs	8	12	12	14	3	5
Condoms protect against STIs as well as pregnancy	8	7	4	2	1	1
Don't feel pressured	5	6	3	7	2	1
There are people there to give you advice	4	2	1	1	5	4
You can't tell who has STIs by looking at them	2	12	7	8	7	3
Are you thinking?/ think before having sex	2	1	2	3	3	5
Don't have sex too young	1	1	2	2	2	2
Wait for the right time	1	1	1	*	1	1
Don't be embarrassed to talk about sex	1	1	-	*	1	2
Don't be embarrassed to talk about condoms	1	-	*	-	*	1
Don't believe everything your friends say	-	1	-	*	1	-
Call the helpline	*	1	*	2	3	1
Don't rush into sex	*	1	-	1	2	*
Giving facts / dispelling myths	-	1	*	1	7	4
Don't worry about sex	-	-	*	1	1	*
None/Don't know	35	39	41	40	39	40
Note * indicates a proportion which is higher than 0, but less than 1%						

Positively, over nine in ten respondents aged 13-17 (91%) were able to spontaneously state at least one message from the radio ads played to them, similar to previous waves. On the other hand, a third of 13-17s (35%) answered 'none' or 'don't know' when asked what message they thought the picture ads were trying to convey (although this is a slight drop from four in ten - 39% - at wave 10). This is likely to relate to the fact that respondents heard the whole radio ad, but could not read all the text in the picture ads.

A similar proportion of young people spontaneously mentioned 'use contraception/ wear a condom/safe sex' at wave 11 about the radio ads (46% compared with 49% at wave 10), so the drop in mentions of this message remains (it was 61% at wave 9). However, the proportion of young people taking this message from the picture ads has recovered and as many as three in ten now say that this is the message conveyed (31%, compared with 19% at wave 10 and 25% at wave 9). This is probably at least in part due to the fact that everyone was shown 'tongue tied' at this wave.

There was a slight increase in the proportion of young people mentioning 'there are people there to give you advice' as a message from the radio ads. (up from 5% at wave 10 to 11% at wave 11). There was a drop in mentions of 'you can't tell who has STIs by looking at them' as a message from the picture ads. Apart from these two differences, though, recall of the messages from the radio and picture ads remained much as at wave 10.

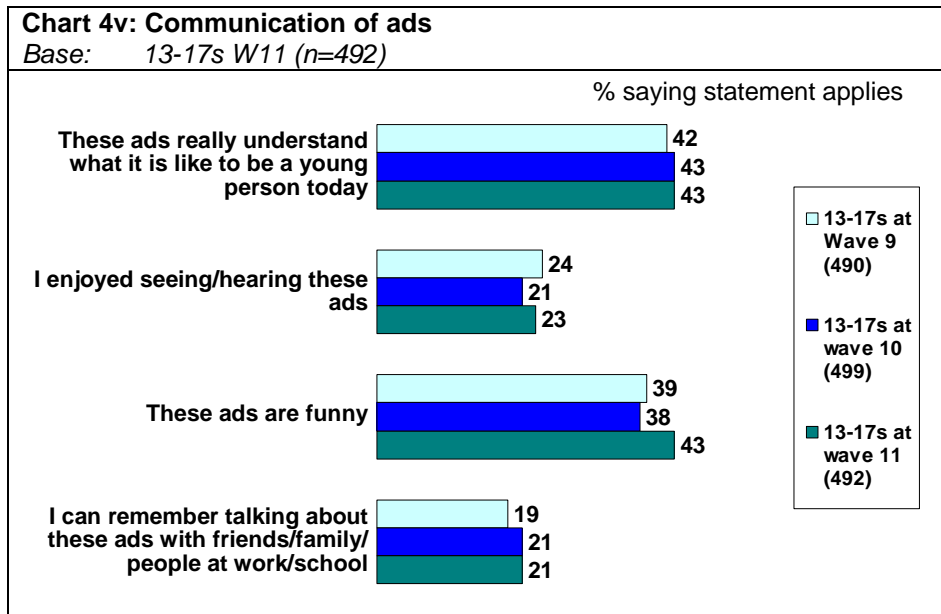
As at previous waves, the fact that only a few strong general messages come through is a good thing, as they are positive messages. However, it also makes it difficult to evaluate the impact of the separate messages in the individual ads at this level. It is also important to bear in mind that, in the case of the picture ads, young people were not able to read all the text on the ads, and would therefore not have been able to read all the detailed messages included in the executions.

4.10 Attitudes towards the ads

Young people were shown a number of statements and asked which they thought applied to the ads they had seen and heard. From wave 7 onwards, these were split into statements relating young people's feelings about the ads (radio and magazine ads in general) and a second set of statements relating to the information they took from the radio and magazine ads. Results from previous waves cannot be compared here, and only waves 7 to 11 are shown. Some new statements were also added at wave 7.

The statements were shown in random order to ensure that there was no order effect in the responses given, and young people were invited to choose as many or as few statements as desired.

Chart 4v shows responses to positive statements relating about how young people regarded the ads shown at waves 9, 10 and 11.



The responses of young people towards these ads were very similar at all three waves and, as we have seen before, young people aged 13-17 responded quite positively to the ads shown to them. Over two-fifths (43%) felt that ‘these ads really understand what it is like to be a young person today’ (42% at wave 9). Over two-fifths (43%) thought that ‘these ads are funny’ (38% at wave 10, 39% at wave 9).

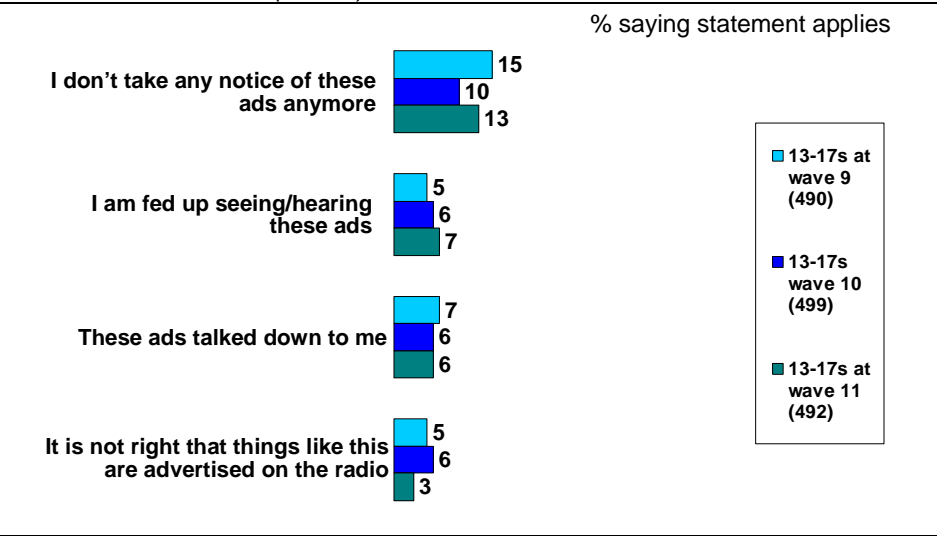
Encouragingly, a fifth (21%) of young people said they could ‘remember talking about these ads with friends/family/people at work/school’, which is similar to waves 9 (19%) and 10 (21%) Just under a quarter (23%) said they enjoyed seeing or hearing the ads.

Similar to waves 9 and 10, girls were more likely than boys to have thought that at least one positive statement applied to the ads (76% 13-17 girls, 66% 13-17 boys). Half of all girls aged 13-17 said ‘these ads really understand what it is like to be a young person today’, compared with about one-third of boys aged 13-17 (51% 13-17 girls, 34% 13-17 boys). Girls were also a little more likely to have talked about the ads (23% 13-17 girls, 18% 13-17 boys).

Charts 4x on the next page shows responses to the more negative statements about ads.

Chart 4x: Communication of ads

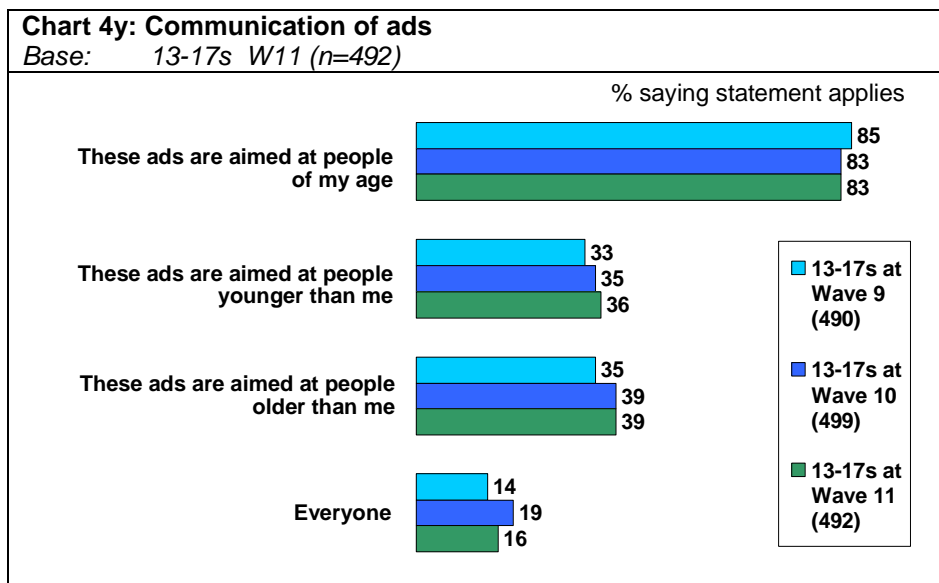
Base: 13-17s W11 (n=492)



Responses at wave 11 were similar to those at waves 9 and 10. Only just over one in ten young people aged 13-17 said they ‘don’t take notice of these ads any more’, maintaining the drop from 21% at wave 7. Only seven percent said they were ‘fed up seeing/hearing these ads’. This is very positive as it shows that the ads are still attracting the attention of young people.

Only 6% of young people aged 13-17 said ‘these ads talked down to me’ and as few as 3% said ‘it is not right that things like this are advertised on the radio’. This reflects that the advertising strategy is well-targeted at and well-received by young people.

Chart 4y shows the levels of agreement with statements relating to the age groups ads were aimed at.



Over four-fifths (83%) of young people aged 13-17 at wave 11 felt that the ads were aimed at people of their own age. Just over a third thought the ads were aimed at people younger than them (36%). Close to two-fifths thought that the ads were aimed at people older than them (39%). These proportions are similar to those at previous waves.

Not surprisingly, older respondents were more likely to feel that the ads were aimed at people younger than them (52% 16-17s, 21% 13-15s) while younger respondents were more likely to feel that the ads were aimed at people older than them (48% 13-15s, 28% 16-17s).

Similar to waves 9 and 10, girls were slightly more likely than boys to think that these ads were aimed at people of their age (80% 13-17 boys, 85% 13-17 girls). This may reflect the fact that that girls tend to be more in touch with issues on sex and relationships and hence more likely to feel that the ads were aimed at them.

Table 4k shows further statements relating to the communication of the ads.

Table 4k: Communication of ads									
<i>Base: 13-17s W3 (n=502), W4 (n=490), W5 (n=463), W6 (n=502), W7 (n=478), W8 (n=488), W9 (n=490), W10 (n=499), W11 (n=492)</i>									
	Wave 11	Wave 10	Wave 9	Wave 8	Wave 7	Wave 6	Wave 5	Wave 4	Wave 3
	%	%	%	%	%	%	%	%	%
These ads made me realise that it is important to use contraception/condoms	62	58	60	62	59	55	59	56	48
These ads told me how important it is to use a condom to protect against STIs	62	58	59	61	59	60	60	58	N/A
These ads made me think that people should not be pressured to have sex	48	48	42	50	51	44	41	44	39
These ads told me you can't tell who has STIs by looking at them	44	50	44	49	49	N/A	N/A	N/A	N/A
These ads made me realise how important it is to talk to your partner about contraception/using condoms	35	42	37	45	44	40	37	37	34
These ads told me something I didn't know already	14	16	13	12	14	10	14	14	10
These ads made me more likely to talk to someone about sex and relationships	25	26	23	22	27	22	20	20	22
These ads made me more likely to call Sexwise	13	16	17	17	18	14	14	12	13
These ads made me more likely to visit RUThinking.co.uk	17	16	21	19	20	17	17	12	14

Similar to previous waves, around three-fifths of young people aged 13-17 at wave 11 said that 'These ads made me realise that it is important to use contraception/condoms' (62% at wave 11, 58% at wave 10). Around three fifths (62%) said that 'These ads told me how important it is to use a condom to protect against STIs'.

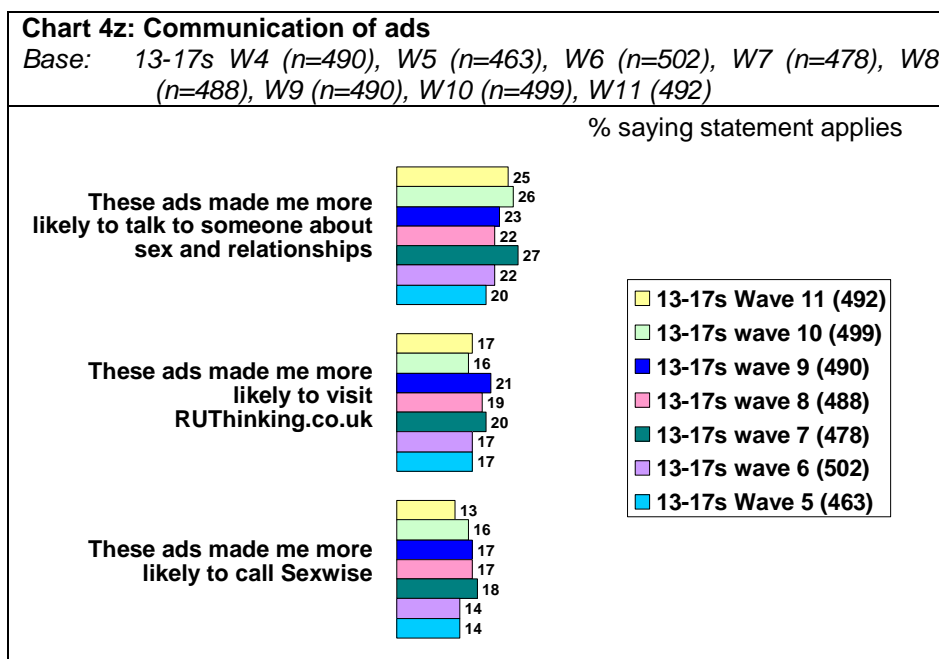
At wave 11 there was a slight drop in the proportion of young people who agreed with the following statements: 'These ads told me you can't tell who has STIs by looking at them' (44% from 50% and reflecting the drop in spontaneous mentions mentioned above) and 'These ads made me realise how important it is to talk to your partner about contraception/using condoms' (35% from 42%). Apart from these two statements, agreement with the other statements was generally in line with wave 10.

Similar to previous waves, girls were more likely than boys to agree with the following statements:

- 'These ads told me how important it is to use a condom to protect against STIs' (55% boys aged 13-17, 70% girls aged 13-17);

- ‘These ads made me think that people should not be pressured to have sex’ (45% boys aged 13-17, 51% girls aged 13-17);
- ‘These ads told me that you can’t tell who has STIs by looking at them’ (38% boys aged 13-17, 50% girls aged 13-17).

Chart 4z shows three more statements relating to the communication of the ads. These focus on the ads’ call to action.



A quarter of respondents aged 13-17 (25%) agreed with the statement that ‘These ads make me more likely to talk to someone about sex and relationships’ at wave 11, this is similar to previous waves and slightly higher than wave 4 (20%).

Around one in six (17%) agreed ‘These ads made me more likely to visit RUThinking.co.uk’, consistent with the long term trend.

A similar proportion of young people aged 13-17 said that ‘These ads made them me likely to call Sexwise’ (13% at wave 11, 16% at wave 10).

As calls to action were not the central focus of the campaign, it is not surprising that the above messages were not particularly strong.

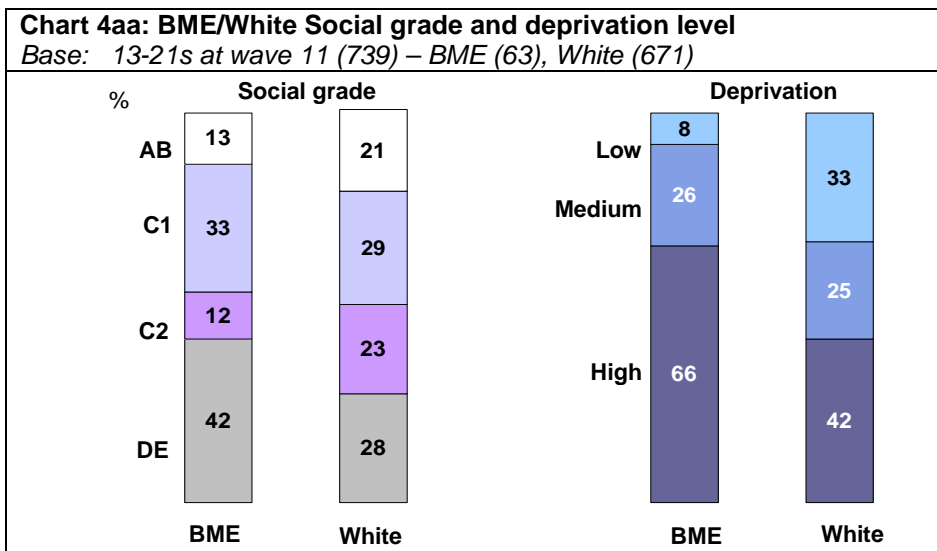
4.11 Awareness of online ads

At wave 11, respondents were shown three different online banners: STIs, Peer Pressure and Thinking, and asked whether they recognised any of them. 8% of 13 – 17s said they had seen at least one ad, with little difference by demographic subgroup. This rose to 10% amongst heavy internet users (5% amongst medium and 0% amongst light users).

4.12 BME respondents and ad communication

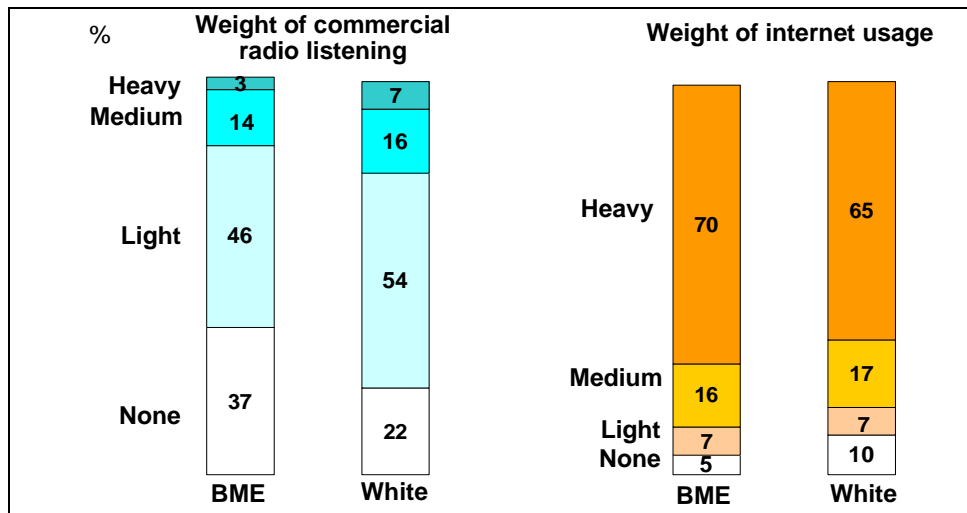
We also examine whether the attitudes of BME respondents towards the ads and the messages they took from the ads differed in any way from those of white respondents. Due to the small base size for BME respondents, analysis for this section is conducted on all respondents aged 13-21.

Just under one in ten (9%) respondents at wave 11 were BME, which is slightly less than the proportion of BME young people in the population of 13-21s as a whole (13% of 13-21s were BME according to the 2001 Census). The chart below shows their social grade and type of area in which they lived but the results should be treated with caution due to the low base size of the BME sample.



We have also compared the weight of commercial radio listening and internet usage among white and BME respondents, and chart 4ab shows the results:

Chart 4ab: BME/White commercial radio listening and internet usage levels
Base: 13-21s at wave 11 (739) – BME (63), White (671)

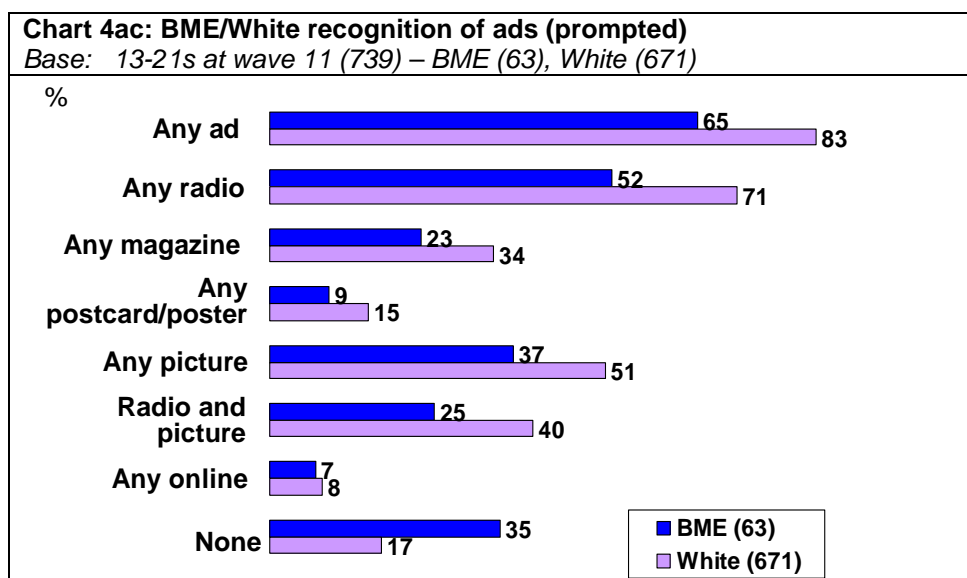


Over a third of BME respondents (37%) did not listen to commercial radio, compared with a fifth of white respondents (22%). Only 17% of BME respondents were heavy or medium commercial radio listeners, compared with 23% of white respondents.

Similar to wave 10, BME respondents were slightly more likely to be heavy internet users than white respondents (70% BME respondents, 65% white respondents).

Four in ten white respondents (39%) regularly read at least one magazine that had recently been advertised in, slightly higher than the proportion of BME respondents who did the same (33%), a trend consistent with previous waves.

We next looked at whether BME respondents were more or less likely than white respondents to recognise the campaign ads at wave 11, and the results are displayed in chart 4ac:

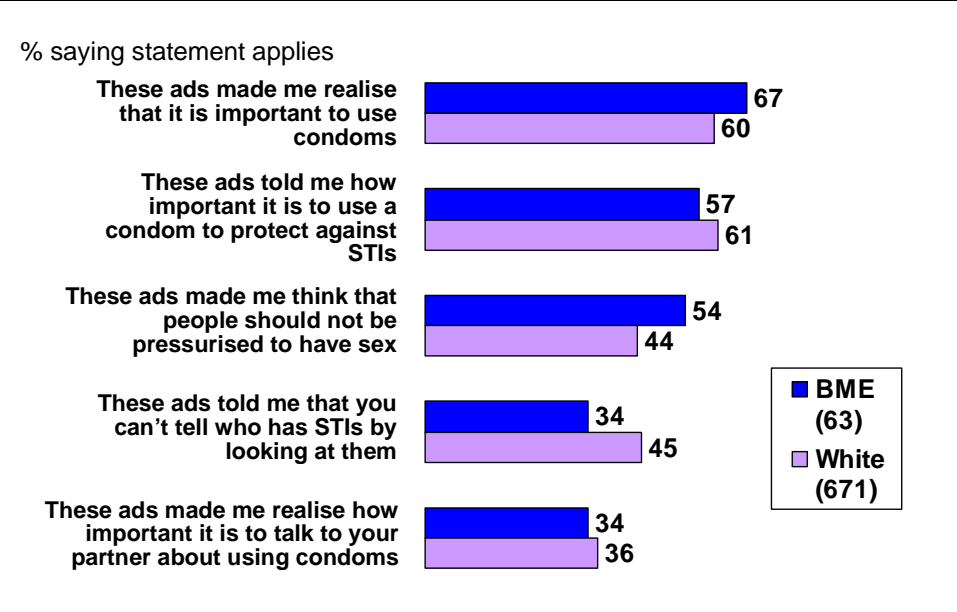


BME respondents were less likely than white respondents to recognize any Teenage Pregnancy ads (65% BME, 83% white). They had a lower level of awareness of both radio ads (52% BME, 71% white) and magazine ads (23% BME, 34% white). Compared with wave 10, BMEs are less likely to be aware of at least one ad (74% at wave 10, 65% at wave 11) and at least of one radio ad (59% at wave 10, 52% at wave 9). However, this is not of concern given the small base size of BME respondents.

After we showed or played the ads to respondents, we asked respondents to choose statements they thought applied to the ads they had seen from a list. The results for BME and white respondents are displayed in chart 4ad.

Chart 4ad: Communication of ads: BME/White

Base: 13-21s at wave 11 (739) – BME (63), White (671))



Given the low base size for BME respondents there was no significant difference in their response to the ads.

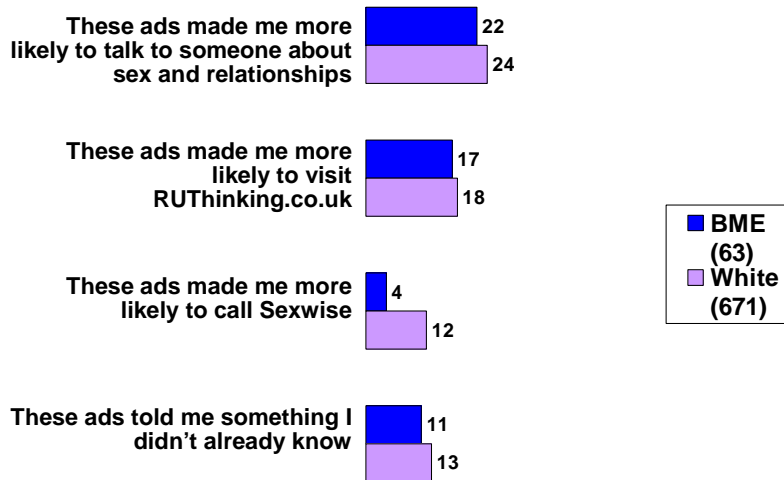
Around six in ten agreed ‘These ads made me realise that it is important to use condoms’, up from 43% of BME respondents, 57% of white at wave 10. Around three fifths of white and BME respondents said that the statement ‘These ads told me how important it is to use a condom against STIs’ applied to them, up from two-fifths of BME respondents (41%) at wave 10.

Further similarities in ad communication at this wave between BME and white respondents are also illustrated in chart 4ae. However, we have seen differences at previous waves between the two groups, which demonstrates the importance on not placing too much reliance on these findings each wave.

Chart 4ae: Communication of ads: BME/White

Base: 13-21s at wave 11 (739) – BME (63), White (671)

% saying statement applies



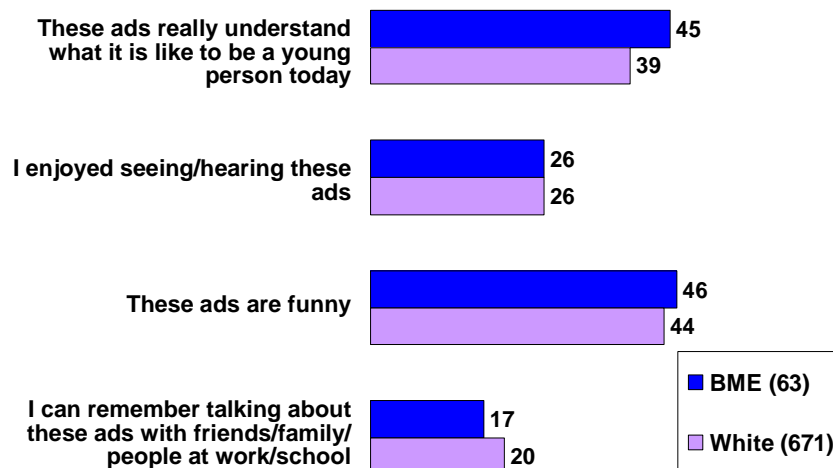
Around a fifth of both groups agreed these ads had made them more likely to talk to someone about sex and relationships. A similar proportion said they were more likely to visit the website. Just over one in ten agreed ‘these ads told them something they didn’t know’.

BME respondents were as likely to enjoy the ads as white respondents, as displayed in chart 4af. In previous waves, if anything, we have seen BMEs even more likely than white respondents to say they enjoyed the ads.

Chart 4af: Communication of ads: BME/White

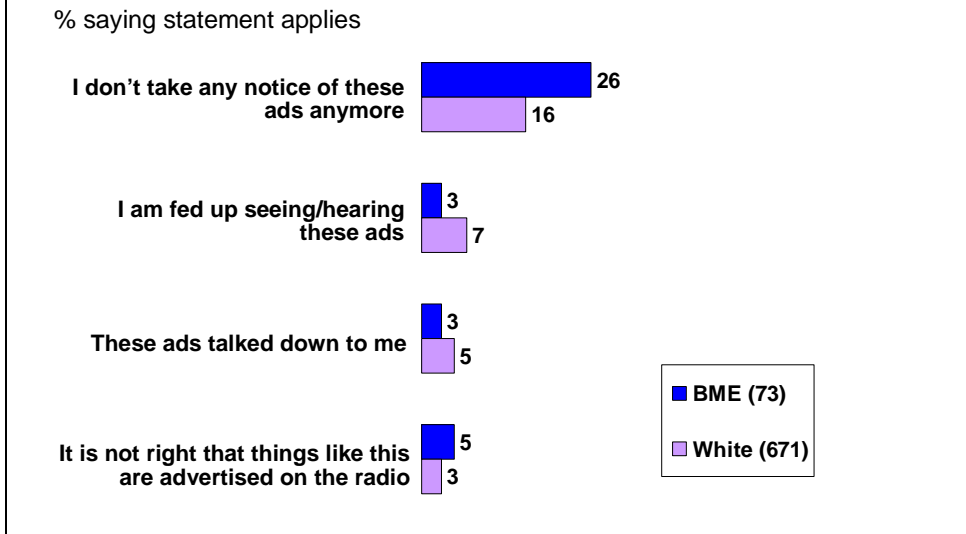
Base: 13-21s at wave 11 (739) – BME (63), White (671)

% saying statement applies



Bearing in mind the low base size, there is little difference in the reactions of BME and white respondents to negative statements about the ads, as is displayed in chart 4ag. This is similar to earlier waves.

Chart 4ag: Communication of ads: BME/White
 Base: 13-21s at wave 11 (739) – BME (63), White (671)



4.13 Who put out the ads

After watching the ads, all young people were asked who they felt was responsible for putting the ads out. We grouped these into those who thought the Government put the ads out (those who answered Government (not specific), Department of Health, Teenage Pregnancy Unit or the NHS), young people who attributed the ads to a source other than the Government (i.e. anything apart from those included in ‘Government’) and those who did not cite a source (Don’t know or Refused). As this question was multi-coded, if a young person mentioned one ‘Government’ and one ‘non-Government’ source, we included them in both categories. The results can be seen in table 4l and will be based on all 13-17s.

Table 4l: Who put out the ads

Base: 13-17s W4 (n=490), W5 (n=463), W6 (n=502), W7 (n=478), W8 (n=488), W9 (n=490), W10 (n=499), W11 (n=492)

	Wave 11 %	Wave 10 %	Wave 9 %	Wave 8 %	Wave 7 %	Wave 6 %	Wave 5 %	Wave 4 %
Government (not specific)	35	37	31	37	31	29	32	28
Sexwise/telephone helpline	17	22	20	23	25	21	22	19
Department of Health	17	19	17	16	14	14	14	13
RUThinking.co.uk	10	4	10	7	8	10	8	6
NHS/Health Service	3	4	3	2	2	2	2	2
Condom/contraceptive companies	4	3	3	3	3	4	4	3
Teenage Pregnancy Unit	2	3	3	2	2	2	3	4
Clinics/Health Centre (general)	2	2	3	1	3	2	*	2
People who have made these mistakes	*	2	*	1	1	1	1	-
Doctors	1	1	2	1	2	1	1	2
Family Planning Clinic	1	1	1	1	1	1	1	*
Magazine	-	1	-	*	1	*	*	1
Brook/Brook clinics	-	*	1	-	1	-	*	1
Charity	-	*	1	-	-	1	1	*
Helplines/people who give out advice	1	*	*	1	2	1	*	-
GOVERNMENT	52	52	50	53	45	44	46	42
OTHER	37	33	36	36	39	36	33	30
DON'T KNOW	20	23	22	21	24	27	28	35

Note '*' indicates a proportion which is higher than 0, but less than 1%. '-' denotes 0%.

Just over a third (35%) of young people aged 13-17 thought that the Government (not specific) had put out the ad, which is the same as wave 10 and a steady increase from wave 4 (28%).

Similar to previous waves, other sources that young people at wave 11 named were the Sexwise helpline (at 17%, down a little from previous waves) and the Department of Health (17%).

When we put the responses into categories, half of respondents aged 13-17 (52%) mentioned at least one Government source, which is exactly similar to wave 10 and sustaining the gradual increase since wave 4 (42%).

The proportion of young people citing non-Government sources has remained quite steady throughout the last eleven waves (30% at benchmark, 37% at wave 11). A fifth (20%) of respondents at wave 11 said they did not know who put the ads out, sustaining the gradual fall since wave 4 (35%).

We also looked at whether those who thought ads were from the Government reacted differently to the ads and the results for wave 11 are listed in table 4m.

Table 4m: Communication of the ads played			
<i>Base: 13-17s at W11 (n=492)</i>			
	Government (261) %	Other (162) %	Don't Know (116) %
These ads made me realise that it is important to use condoms	62	71	50
These ads told me how important it is to use a condom to protect against STIs	64	71	48
These ads told me that you can't tell who has STIs by looking at them	47	47	34
These ads made me think that people should not be pressured to have sex	48	59	34
These ads made me realise how important it is to talk to your partner about using condoms	30	41	32
These ads made me more likely to talk to someone about sex and relationships	22	26	26
These ads made me more likely to visit RUThinking.co.uk	16	22	6
These ads made me more likely to call Sexwise	12	18	7
These ads told me something I didn't already know	13	15	13

Similar to previous waves, those who said they did not know who was responsible for putting the ads out were generally more negative than those who attributed the ads to the Government or other sources.

At waves 8 and 9, there were few differences in the answers given by those who thought the ads were from the Government and those who thought they were from other sources. At wave 10, however, there were some differences, with those who thought ads were from the Government being slightly less likely to pick up some of the messages. This remains the case at wave 11. None of the differences in the above table are significant, but it may be indicative of a trend which will need to be monitored in the future.

We also wanted to know whether the attitudes towards the ads of young people who thought the ads were from the Government were different from other young people and the results can be seen in table 4n.

Table 4n: Attitudes towards the ads played			
<i>Base: 13-17s at W11 (n=492)</i>			
	Government (261) %	Other (162) %	Don't Know (116) %
These ads really understand what it is like to be a young person today	41	50	36
These ads are funny	46	43	36
I enjoyed seeing/hearing these ads	22	29	16
I can remember talking about these ads with friends/family/people at work/school	19	25	16
I don't take any notice of these ads anymore	13	12	15
These ads talked down to me	5	8	4
It's not right that things like this are advertised on the radio	2	4	7
I am fed up seeing/hearing these ads	5	6	13

Again a similar theme emerges with those not knowing who the ads are from generally being more negative about them, and those thinking they are from a source other than government generally being a little more positive. There were only minor differences between the responses of those who attributed the ads to the Government and those who felt they came from another source.

5.0 SEXWISE, RUTHINKING.CO.UK AND ONELIFE

The Sexwise helpline has been in operation for some years, but before this campaign, there had been little publicity about it. It aimed to remain ‘underground’ (i.e. young people hear about it through word of mouth rather than from an official source) to ensure that it would be credible to the young people in its target audience. The website allied to Sexwise, RUThinking.co.uk was launched at the same time as the campaign.

Driving calls to the Sexwise helpline and visits to the allied RUThinking.co.uk website are not primary aims of the media campaign. However, the ads include ‘calls to action’ to get more information about sex and relationships, either from the Sexwise or RUThinking.co.uk, and tracking awareness of these sources of information can provide some indication as to what messages and details the advertising is transmitting to young people.

At waves 10 and 11, we also assessed young people’s awareness of the Onelife website, which is Radio 1’s advice site that provides impartial and practical advice and information on love, life and living for 15-24 year olds. In summer 2003, the Department of Health and Radio 1 jointly carried out the One Love campaign, which aimed to raise awareness of STIs among young people. Activities were carried out on air (one week in July), online and at Radio 1 events and traffic was driven to either the Radio 1 helpline or the Onelife website. The One Love campaign was not branded as part of the Teenage Pregnancy Strategy and not linked to the campaign.

There were links from the Onelife website to a game called ‘Pantman’, which was developed by the Teenage Pregnancy Unit and aimed to familiarise young people with symptoms of STIs. At the waves 10 and 11 surveys, we also measured young people’s awareness of the game.

This chapter looks at awareness and usage of the Sexwise helpline and RUThinking.co.uk and Onelife websites.

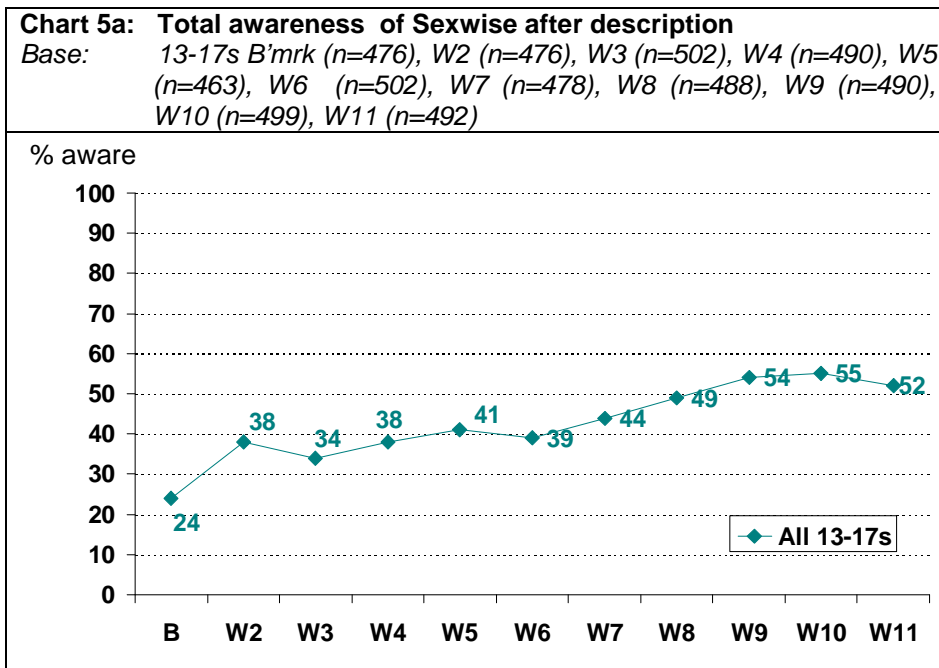
5.1 Spontaneous awareness of Sexwise

Early in the interview, young people were asked which telephone helplines they were spontaneously aware of. Thirteen per cent of 13-17 year olds at wave 11 spontaneously mentioned Sexwise, which is similar to previous waves (13% at wave 10, 11% at wave 9)

5.2 Total awareness of Sexwise

Young people were then asked which helplines they had heard of from a list presented. The list changed slightly between the waves, so not all results are comparable from wave to wave. At wave 11 44% said they were aware of Sexwise, a similar percentage as at wave 10 (47%).

Those who had not mentioned Sexwise were then read a description of the helpline and asked if they had heard of it and chart 5a shows the total awareness of Sexwise after this description.

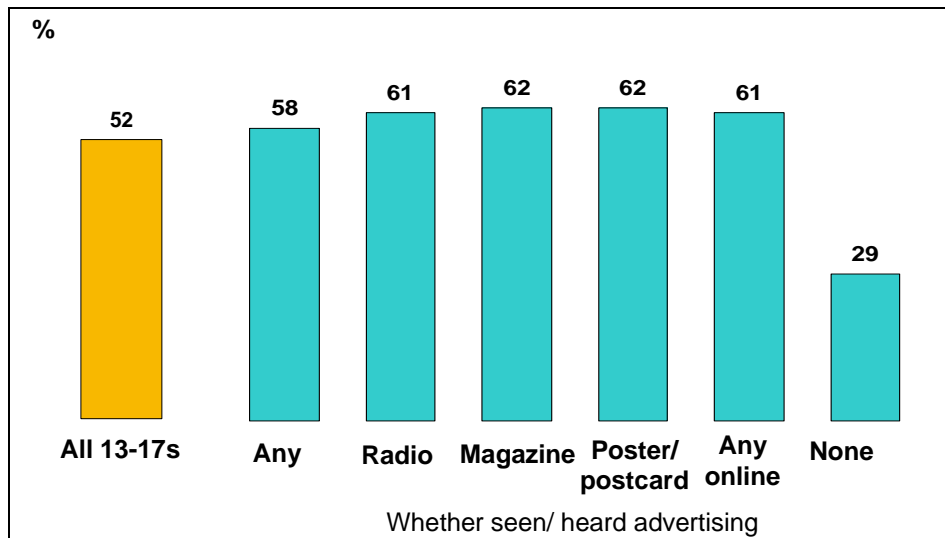


In total just over half of young people aged 13-17 were aware of Sexwise (52%), maintaining the incremental trend seen from 24% at the benchmark to 55% at wave 10. Awareness of advertising was positively related to awareness of the Sexwise helpline, (chart 5b) which suggests that the campaign has been successful in raising awareness of the Sexwise helpline among young people. We shall analyse how this relates to the Teenage Pregnancy Campaign in more detail later in this chapter.

As at most waves, awareness was higher amongst girls (59% 13-17 girls, 46% 13-17 boys at wave 11). This is not surprising as girls are more likely to be in touch with such issues.

Chart 5b shows the total of awareness of Sexwise broken down by recognition of advertising and publicity.

Chart 5b: Total awareness of Sexwise after description
 Base: 13-17s W11 (n=492)



There is little difference in the levels of awareness when we examine the different media in which respondents had seen or heard ads. However, those who had not been exposed to the campaign were significantly less likely to be aware of the helpline. Almost three-fifths of respondents who had seen or heard any ads (58% 13-17s) said they had heard of Sexwise, compared with three in ten of those who had not (29%).

5.3 Where Sexwise was heard about

Those who were aware of Sexwise were asked where they had heard about it. Responses are shown in Table 5a and rows marked in bold indicate methods the campaign was using.

Table 5a: Source of awareness of Sexwise											
Base: 13-17s who had heard of Sexwise (n varies)											
	W11 (258) %	W10 (273) %	W9 (265) %	W8 (241) %	W7 (209) %	W6 (196) %	W5 (190) %	W4 (185) %	W3 (173) %	W2 (182) %	B (116) %
Radio ad	30	25	28	27	19	20	32	16	14	18	8
Teacher/school nurse	23	22	23	20	16	24	16	20	17	19	15
Friend	19	17	24	19	24	29	28	21	26	30	35
Magazine ad	13	14	15	13	14	9	11	10	13	10	7
Leaflet	12	12	12	11	16	9	14	10	12	12	11
Television	12	8	11	11	15	8	8	10	11	11	12
Magazine article	8	6	13	11	14	14	9	8	16	15	10
Radio programme	7	5	6	9	7	5	9	7	5	7	2
Poster	7	5	4	8	8	6	5	5	6	6	2
Washroom poster/ sticker	4	2	3	2	6	2	3	3	N/A	N/A	N/A
GP/doctor/other health professional	3	3	3	4	6	2	3	5	2	2	4
Internet/ RUThinking/ link from another website	3	3	2	3	4	2	2	-	3	1	1
Saw number in telephone box	3	2	3	3	3	4	2	1	2	2	2
Parent	2	1	2	2	1	1	2	4	1	1	1
Newspaper article	2	1	1	2	2	1	1	1	-	1	1
Credit card sized card	2	1	1	2	1	2	1	1	1	1	2
Newspaper ad	1	1	2	3	-	3	2	-	-	*	5
Postcard	1	1	-	*	1	2	1	-	-	1	2
Boyfriend/ girlfriend	-	3	*	1	*	2	1	4	1	3	2
Under 18s club night	-	-	1	1	2	2	2	1	1	-	-
Don't know	2	5	4	1	3	1	2	4	2	4	4

Note * indicates a proportion which is higher than 0, but less than 1%. '-' denotes 0.

Three in ten respondents aged 13-17 who had heard of Sexwise (30%) said that they had heard of Sexwise from a radio ad, making it the most common source of awareness. Similar to previous waves, 13% of respondents aged 13-17 who had heard of Sexwise said they had heard of it from a magazine at wave 11.

Mentioned by just over a fifth (23%) of 13-17s, the next most common source of awareness was 'teacher/school nurse'. Compared with the benchmark, 'friends' has become a less important source of awareness of the Sexwise helpline (19% at wave 11, 35% at benchmark).

5.4 Sexwise telephone number

At wave 11, forty six 13-17 year olds (18% of those who had heard of the line) could give the correct telephone number for Sexwise (0800 28 29 30). This is a similar number to wave 10.

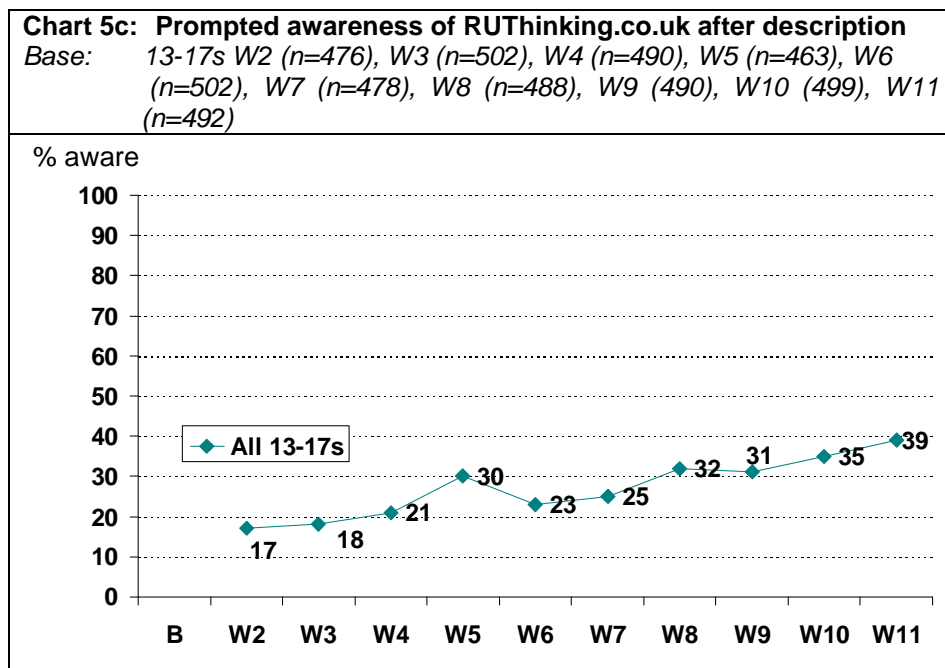
5.5 Use of Sexwise

At wave 11, 8% of those who had heard of the Sexwise helpline had actually called the helpline. This is a little higher than at wave 10 (5%).

5.6 RUThinking.co.uk

Young people were then asked if they had heard of any websites from a list presented. A quarter (25%) of respondents at wave 11 said they had heard of RUThinking.co.uk at this point, which is a little higher than the level seen at wave 10 (20%).

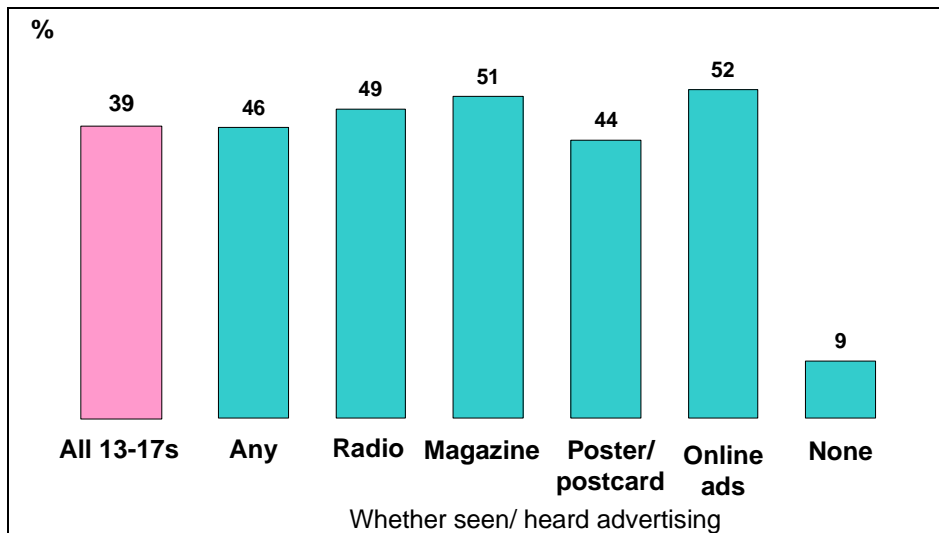
Those who did not mention RUThinking.co.uk were read a description of the website and asked if they had heard of it. The total levels of awareness of RUThinking.co.uk over the last eleven waves is shown in chart 5c.



Since wave 2, awareness of the website had been increasing progressively and at wave 11, level of awareness reached its highest level as around four in ten (39%) of 13-17 year olds had heard of the website.

Chart 5d looks at awareness of RUThinking against advertising recognition.





At wave 11, almost half (46%) young people aged 13-17 who recognised at least one Teenage Pregnancy ad had heard of RUThinking.co.uk before the survey, compared with only one in ten (9%) of those who did not.

At wave 11, a new question was introduced, asking people aware of RUThinking directly from where they had heard about the site. The results are shown in table 5b.

Table 5b: Source of awareness of RUThinking	
<i>Base: 13-17s who had heard of Sexwise (n varies)</i>	
	Wave 11 (190) %
Radio ad	45
Teacher/school nurse	14
Television	14
Magazine advertising	9
Internet/link from another website	7
Leaflet	7
Radio programmes/DJ	7
Magazine article	6
Poster	5
GP/doctor/health professional	3
Boyfriend/girlfriend	2
Friend	2
Public toilet posters/stickers	2
Saw number in phone box	1
Don't know	4

Over two fifths of those aware of the site (45%) remembered hearing about it from a radio ad, and just under one in ten (9%) had seen it on a magazine ad. Other common sources of knowledge were from teachers or the school nurse or from television (14% in each case).

5.7 Radio One, Onelife and Pantman

From wave 10 onwards, respondents were asked whether they had heard anything about STDs or STIs on Radio One. As at wave 10, at wave 11 a quarter of respondents aged 13-17 (26%) said they had heard something, girls and boys being equally likely to say this. Older respondents were slightly more likely than younger ones to have heard something about STDs and STIs on Radio One (24% 13-15s, 29% 16-17s).

Respondents were prompted with a list of websites and asked whether they had heard of any of those. Around a fifth (19%) of young people aged 13-17 said they were aware of the Onelife website, which is part of the BBC Radio One website (23% at wave 10). Those who did not mention the Onelife website when prompted with a list of websites were then asked whether they had heard of Onelife. A further 41 respondents aged 13-17 said they had, bringing the total proportion of all 13-17s who had heard of the website to 28%, a similar percentage as at wave 10 (29%).

Boys were a little more likely than girls to have heard of the website (29% boys, 26% girls). Respondents from higher social grades were more likely to have heard of the Onelife website than those from lower social grades (33% 13-17 ABC1s, 23% 13-17 C2DEs). This may reflect internet use as boys were more likely than girls (75% 13-17 boys, 66% 13-17 girls), and ABC1s more likely than C2DEs (84% ABC1s, 54% C2DEs) to be heavy internet users.

All who were aware of the website of the Onelife website were asked whether they had visited it. Fifteen young people aged 13-17 (11% of those who were aware of the website) said they had visited the website.

Those who had visited the website were shown a picture of the Pantman game, which is an interactive online game on the Onelife website that aims to raise awareness of STIs among young people, and then were asked whether they had seen, played or heard of the game. One respondent aged 13 – 17 and two aged 18-21 had seen the game but not none had played it.

6.0 LEARNING ABOUT SEX AND RELATIONSHIPS

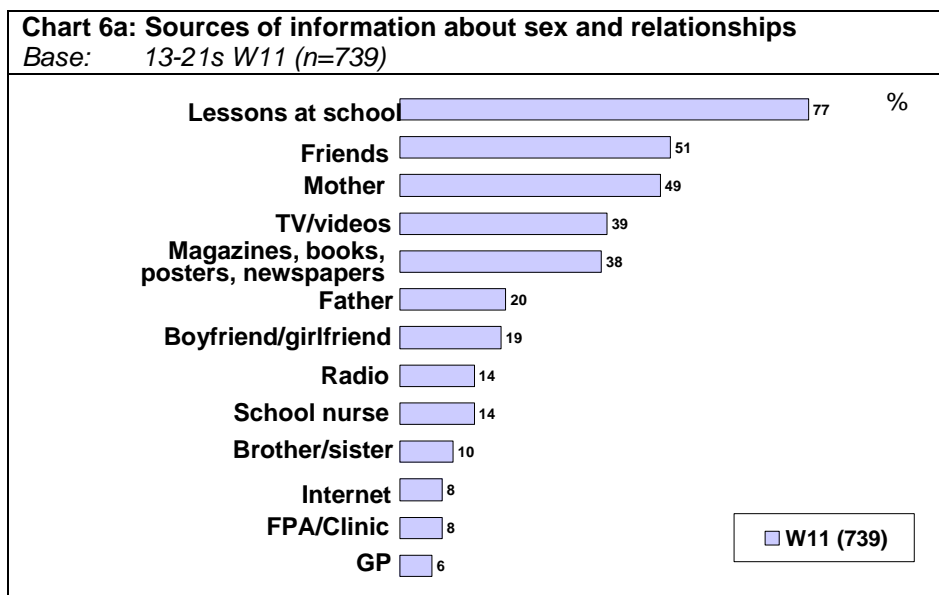
This chapter details sources of information about sex and relationships used by young people.

Although the campaign does not specifically mention sources of information or talking with parents about sex and relationships, it is hoped that it will make young people more aware of all the different sources of help and advice available: whether through the advertising itself, local activity or through referral by Sexwise or RUThinking.co.uk. In addition, it is hoped that these young people may be more likely to consult parents or teachers, and motivated to find out more about issues raised in the ads.

This chapter will analyse responses from all 13-21 year olds instead of focusing only on young people aged 13-17, as it is not specifically about the Teenage Pregnancy Campaign.

6.1 Sources of information used to find out about sex and relationships

Early in the interview, young people were asked to say which sources of information they have used to find out about sex and relationships from a list of sources. There were only minor changes throughout the ten waves of research, so only results for wave 11 are shown here (Chart 6a).



The top answer, as at previous waves, was ‘lessons at school’, cited at wave 11 by over three quarters (77%) of young people aged 13-21. This is not surprising considering that almost all respondents (94%) said they had had lessons on sex and relationships at school.

Young people were also likely to obtain information about sex and relationships from their friends as one in two (51%) mentioned this as a source.

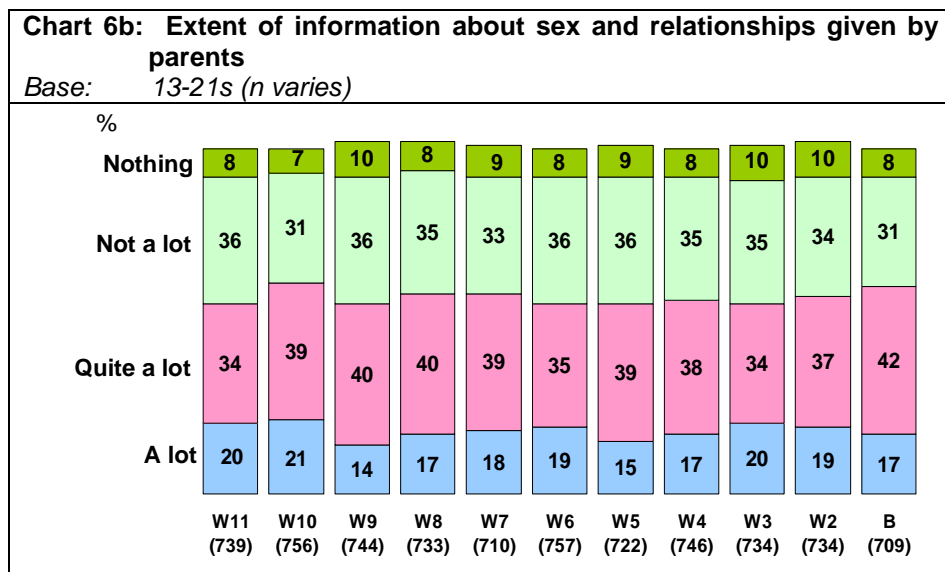
Half of all respondents aged 13-21 (49%) had learnt about sex and relationships from their mothers and this is particularly the case for girls as almost six in ten (58%) cited their mother as a source of information, compared with four in ten (40%) of boys. Boys were more likely than girls to say that they had learned about sex and relationships from their father (28% boys, 12% girls), although they were still more likely to mention their mother than their father. Similar patterns were observed at previous waves.

‘Magazines, books, posters or newspapers’ were also a common source of information about sex and relationships for young people, as almost four in ten (38%) said they had learnt about sex and relationships from them. This is especially true for girls as close to half (48%) mentioned these materials compared with just under three in ten (28%) boys.

6.2 Learning about sex and relationships at home

One of the objectives of the strategy is to increase the ease with which parents talk about matters relating to sex and relationships with their children. As noted above, a relatively large proportion of young people mentioned their parents as a source of information about sex and relationships.

A further question, asking how much information young people had been given by their parents, probed this issue (Chart 6b).



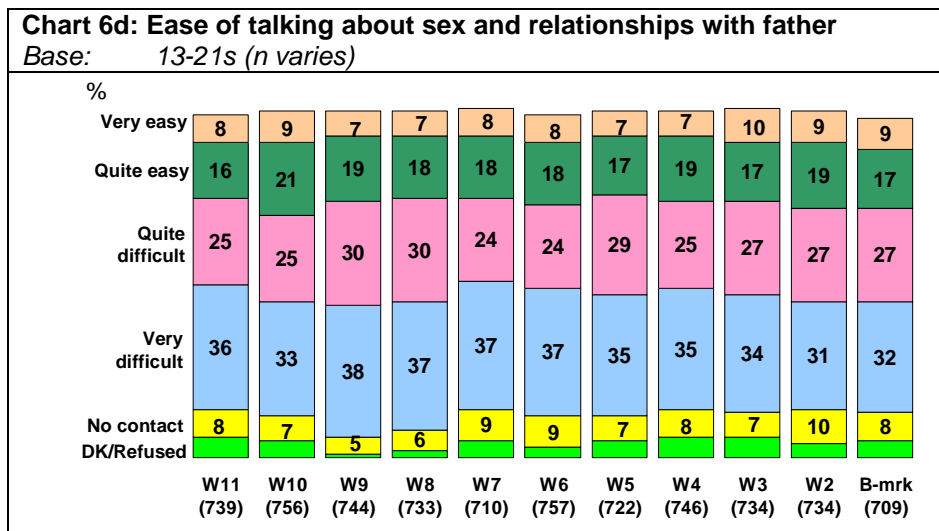
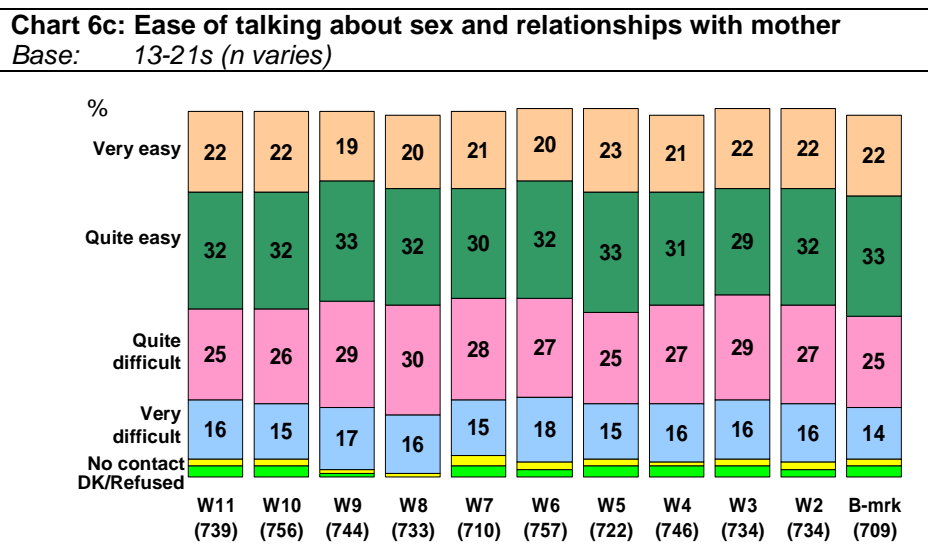
The figures have been relatively steady for all eleven waves, with around two fifths of young people aged 13-21 (44% at wave 11) saying they had received little or no information about sex and relationships from their parents.

An analysis of key demographic groups shows that girls were more likely to report having been told a lot or quite a lot by parents (59% girls, 50% boys), and this is consistent with previous waves.

At wave 11 there were few differences in the proportions of older and younger respondents saying they had learnt a lot/quite a lot from their parents (54% 13-15s, 57% 16-17s, 53% 18-21s). This is similar to waves 9 and 10 but different from the waves before..

6.2.1 Ease of communication

Young people were also asked how they felt about talking about sex and relationships with each of their parents and the results for the last ten waves amongst 13-21s are shown in charts 6c and 6d.



Once again, the results confirm the gender bias noted above. Throughout all waves, around half of young people aged 13-21 (54% at wave 11) found it easy to talk to their mother about sex and relationships, but only about a quarter (25% at wave 11) said the same for their father. As at previous waves, three fifths (61%) of respondents at the current wave found it quite or very difficult to talk to their father about the subject.

Consistent with the findings from previous waves, a larger proportion of girls found it easy to talk to their mother about sex and relationships compared with boys (59% girls, 49% boys) and boys were more likely to find it difficult to talk to their mother about sex and relationships (38% girls, 45% boys).

White respondents were more likely than BMEs to find it easy to talk to their mother (56% whites, 36% BMEs) and father (25% whites, 21% BMEs) about sex and relationships.

Seven in ten girls aged 13-21 (69%) found it difficult to talk to their father about sex and relationships, compared with around half of all boys (54%). This is consistent with the findings from previous waves.

7.0 CONTRACEPTIVE ADVICE AND SUPPLIES

A key aim of the strategy is to ensure that all young people have access to contraceptive advice and supplies. This chapter examines awareness and experience of obtaining contraceptive advice and supplies. Instead of focusing only on young people aged 13-17, this chapter will analyse responses from all 13-21 year olds.

7.1 Awareness of sources of advice on sex

In the self-completion section of the questionnaire, young people were asked whether they were aware of a clinic or another place they could visit if they wanted advice on sex.

At wave 11, seven in ten (71%) young people aged 13-21 were aware of a clinic or another place they could visit if they wanted advice on sex, similar to wave 10 (69%). However, three in ten (29%) were still not aware of any local sources of advice on sex.

Similar to previous waves, girls were more likely than boys to be able to come up with a place where they can obtain advice on sex (78% girls, 64% boys). Older respondents were also more likely to be able to do so (61% 13-15s, 74% 16-17s, 79% 18-21s). Nonetheless, around a fifth of 18-21s were still not aware of any such places.

White respondents were much more likely than BMEs to be aware of a clinic they could visit for advice on sex (73% white 13-21s, 55% BME 13-21s), and this is similar to previous waves.

7.2 Information on source of advice on sex in local area

At wave 8 we introduced some new questions on young people's awareness of advice centres in their local area. From waves 8 to 11, just under half (48% at wave 11) of 13-21s said they had received some information telling them where they can go in their area if they want confidential advice on sex, relationships or contraception (46% at wave 8, 44% at wave 9, 45% at wave 10).

Respondents who said they had received some information were then asked in what form did this information come and the results from waves 8 to 11 are shown in table 7a. Please note all figures have been rebased on all 13-21s to allow comparability over time.

Table 7a: In what form did information about where to go in local area for confidential advice on sex, relationships or contraception come
Base: 13-21s (n varies)

	Wave 11 (739) %	Wave 10 (756) %	Wave 9 (744) %	Wave 8 (733) %
Leaflet / flyer/ booklet / postcard	24	26	27	30
Radio ad / programme	16	12	12	12
Poster	12	12	13	13
Newspaper ad / article	8	9	10	9
Teacher / school / college / university	5	4	3	4
Internet	5	4	4	4
Helpline	5	3	6	6
On screen at cinema	4	3	1	2
Credit card sized card	4	3	4	5
Young people's directory	2	3	4	4
Not aware of any information	52	55	57	54
Don't know	1	2	*	1

Notes: '*' denotes a proportion larger than 0% but smaller than 0.5%.

The most common response at all waves was 'leaflet/flyer/booklet/postcard' as around a quarter (24%) of respondents aged 13-21 mentioned this source. Similar to previous waves, 'radio ad/programme' (16%), 'poster' (12%) and 'newspaper ad/article' (8%) were also common sources among young people.

Young people who had seen or received information about where to go in local area if they wanted confidential advice on sex and relationships were further asked where they had obtained this information. Their responses can be found in table 7b.

Table 7b: Where saw or received information about where to go in local area for confidential advice on sex, relationships or contraception
Base: 13-21s (n varies)

	Wave 11 (739) %	Wave 10 (756) %	Wave 9 (744) %	Wave 8 (733) %
School/college/university	29	26	28	29
Teacher	16	17	17	17
Doctor's surgery/health centre	15	15	16	17
School nurse	10	11	11	13
Family planning clinic	10	11	9	14
Friend(s)	10	9	10	13
Public toilets	6	8	7	9
Pharmacy/chemist	9	7	7	10
Youth club/youth information shop	6	6	5	7
Connexions advisor	6	6	4	5
Boyfriends/girlfriends	6	6	5	6
Not aware of any written information	61	62	62	61
Don't know	*	*	*	-

Notes: '*' denotes a proportion larger than 0% but smaller than 0.5% and '-' denotes 0%.

Over a quarter (29% at wave 11) of 13-21s said they had seen or received information on sources of confidential advice on sex and relationships in

their local area from their ‘school/college/university’, which is consistent with the results from waves 8 to 10.

Around one in six (16% at wave 11) said they had obtained this information from their teacher and about one in ten (10% at wave 11) said the information came from their school nurse. Similar to previous waves, younger respondents at wave 10 were more likely than older ones to mention teacher or school nurse, which is not surprising as a higher proportion of younger respondents were at school.

7.3 Sources of contraceptive advice used

All respondents were shown a list of sources of contraceptive advice and asked which they had ever used. The question was asked differently at the benchmark, asking about sources of contraceptive advice or supplies. At wave 2, this was split out to look at sources of contraceptive advice separately from sources of contraceptive supplies, and the question remained the same for all later waves. Therefore results for the benchmark are not shown below.

	W11 (739) %	W10 (756) %	W9 (744) %	W8 (733) %	W7 (710) %	W6 (757) %	W5 (722) %	W4 (746) %	W3 (797) %	W2 (734) %
Teacher/ school nurse	21	23	31	29	20	23	19	21	20	21
GP/doctor/ practice nurse	19	22	22	26	21	19	23	22	24	23
Family planning clinic	19	18	16	20	18	22	22	23	23	21
Pharmacy/chemist	7	8	9	7	6	7	8	9	7	7
Youth Advisory Centre/Brook Advisory Centre	6	5	5	6	5	7	7	7	7	7
School-based clinic/drop in centre	5	3	5	5	N/A	N/A	N/A	N/A	N/A	N/A
Sexwise helpline	3	3	4	3	3	4	3	2	2	3
NHS walk in centre	4	2	3	3	4	4	4	4	2	2
NHS Direct phone line	1	2	2	2	1	2	2	3	2	2
Contraceptive Education Service	1	2	2	2	2	2	1	1	1	1
RUThinking.co.uk website	2	2	2	1	1	1	1	1	1	*
NHS Direct website	2	1	1	1	1	1	1	1	2	1
None of these	38	38	30	28	44	39	41	39	38	40
Don't know/ Refused	11	10	7	8	8	8	9	9	9	8

Note * indicates a proportion which is higher than 0, but less than 1%

At wave 11, over half of respondents aged 13-21 (50%) had used at least one of the sources listed to get contraceptive advice (Table 7c), which is slightly lower than the levels seen at waves 8 (64%) and 9 (63%), and similar to that at wave 7 (48%).

As at previous waves, girls were more likely to say that they had used at least one source of advice (61% 13-21 girls, 40% 13-21 boys). Not surprisingly, older respondents were also more likely to have ever used at least one of the sources listed above for advice (35% 13-15s, 55% 16-17s, 64% 18-21s).

Over a fifth of all respondents (21%) mentioned 'teacher/school nurse' as a source of advice, making it the most common source. There is, however, a slight drop from waves 8 (29%) and 9 (31%), and the result at wave 11 is similar to waves 1 to 7 and 10. The higher levels at waves 8 and 9 accounts for the overall rise in the proportion of people who had gained advice from at least one of the above sources. Boys (18%) were slightly less likely than girls (23%) to have contacted their teacher or school nurse to obtain contraceptive advice.

'GP/doctor/practice nurse' was the next most commonly mentioned source of advice as a fifth of respondents (19%) mentioned it. Girls were more likely than boys to have obtained advice from their GP, doctor or practice nurse (29% girls, 9% boys). Close to three in ten girls aged 13-21 (27%) had received contraceptive advice from a family planning clinic, compared with one in ten boys (11%).

Around three in ten (29%) of those who had had willing sexual intercourse had not contacted any of the above sources for contraceptive advice, the same as in previous waves with the exception of waves 8 (19%) and 9 (22%). It seems that the results at wave 8 and 9 were out of line with the overall trend.

Among those who had received contraceptive advice, around a third (32%) had done so before they had sex and a similar proportion (33%) had done so afterwards. The proportion of respondents who had received contraceptive advice but had not had sex dropped from 40% at wave 9 and 37% at wave 8 to 27% at wave 10 and 28% at wave 11, but still sustaining the increase since wave 7 (15%). We shall continue to monitor this trend at the next wave. It seems that the levels we saw at waves 8 and 9 were artificially high and the proportion at waves 10 and 11 is more consistent with the overall trend.

Similar to previous waves, girls at wave 11 were more likely than boys to say they had first received contraceptive advice *after* their first experience of intercourse (26% 13-21 boys and 38% 13-21 girls who had received contraceptive advice). Older respondents who had used contraceptive advice were also more likely to have said they had done so after their first intercourse (11% 13-15s, 26% 16-17s, 52% 18-21s).

Around a third (34%) had of *all* 13 – 21s had received advice but not yet had intercourse or received advice before having their first experience of intercourse.

Respondents who had gone for contraceptive advice were also asked how easy it was to understand the advice and information they were given. Similar to previous waves, close to nine in ten (88%) at wave 11 said that it was quite easy or very easy (87% at wave 10).

From wave 8 onwards, we asked young people where they would recommend a friend to go for advice on sex and relationships. The top responses from the last four waves are shown in table 7d.

Table 7d: Where would recommend a friend to go for advice on sex and relationships
Base: 13-21s (n varies)

	Wave 11 (739) %	Wave 10 (756) %	Wave 9 (744) %	Wave 8 (733) %
Family planning clinic	53	52	51	56
GP / Doctor / Practice nurse	50	54	54	51
Sexwise helpline	25	26	27	27
School nurse	20	20	24	23
Youth advisory service / Brook advisory centre	17	15	15	18
Teacher	17	14	18	16
Pharmacy / chemist	13	13	13	13
NHS walk-in centres	12	12	12	11
RUThinking website	11	12	12	11
School based clinic / drop in centre	11	11	11	14
Contraception education service	11	7	12	10
No answer	1	1	2	1
Don't know	3	4	2	1

There were few changes in the patterns in recommendation to a friend over the last four waves, which also mirrored young people's own use of advice services.

Girls were more likely than boys to recommend their friends to visit 'GP/doctor/practice nurse' (45% boys, 55% girls), 'family planning clinic' (46% boys, 60% girls) and 'school nurse' (18% boys, 23% girls).

Older respondents were more likely to recommend their friends to go for advice on sex at a family planning clinic (37% 13-15s, 57% 16-17s, 65% 18-21s). Younger respondents were more likely to recommend 'school nurse' (32% 13-15s, 19% 16-17s, 9% 18-21%) or 'teacher' (25% 13-15s, 15% 16-17s, 10% 18-21s), which is not surprising as younger respondents were more likely to be at school.

A quarter of respondents aged 13-21 (25%) said they would recommend their friends to use the Sexwise helpline, which is quite encouraging. Younger respondents were more likely than older respondents to

recommend the Sexwise helpline (34% 13-15s, 23% 16-17s, 17% 18-21s). These trends are consistent with those at previous waves.

7.4 Contraceptive advice and confidentiality

We introduced some new questions at wave 9 to measure young people's views on confidentiality when they visit a GP or clinic.

We showed respondents a list of attributes of advice services and asked which factors would be important when seeking advice on sex and relationships), which single factor would be most important and which factors they felt were available in advice centres at present. The responses are shown in table 7e. Please note results are shown based on the responses of young people aged 13-17.

	Mentioned as important at all %	Most important factor %	Factors available at present %
Confidentiality/ privacy	62	38	48
Friendly staff	53	16	38
Discussing things with someone of your own sex	42	14	33
Not being seen by anyone you know there	30	7	11
Convenient location	29	2	19
Long opening hours	22	3	12
Don't know/refused	13	14	21
None of these	6	7	6

As at previous waves, mentioned by over six in ten (62%) 13-17s, 'confidentiality/privacy' continued to be the most important factor for young people aged 13-17 when seeking advice on sex and relationships. It is also the single most important factor for almost two fifths (38%) of them. The next most commonly mentioned as the most important factors for young people were 'friendly staff' (16%) and 'discussing things with someone of your own sex' (14%).

As at waves 9 and 10, girls were more likely than boys to choose many of the options, particularly 'confidentiality/privacy' (56% boys, 69% girls), 'friendly staff' (46% boys and 59% girls) and 'discussing things with someone of their own sex' (27% boys and 58% girls). This is probably related to the fact that girls were more likely than boys to have been to a GP/doctor/practice nurse (16% girls, 4% boys) and family planning clinic (16% girls, 8% boys) to obtain contraceptive advice.

Around half of young people aged 13-17 (53%) felt that 'confidentiality/privacy' is available to them at present. This view is held slightly less by boys than girls (44% 13-17 boys, 52% 13-17 girls). As at waves 9 and 10, around a third of respondents (33% - 30% at wave 9) felt that they are able to discuss things with someone of their own sex and

almost four in ten (38% - up from 30% at wave 10) respondents felt that ‘friendly staff’ were available at present.

In order to look at young people’s view on confidentiality in more details, we also asked young people whether they thought the statement “Everything a young person tells a GP or a doctor at a clinic remains private, **even if they are under 16**” was true or false at wave 11. At previous waves, the statement was ‘Everything a young person tells a GP or a doctor at a clinic remains private, **no matter what their age**’. This change did not seem to have resulted in much change as around four fifths of 13-17s believed this statement to be true at waves 9 to 11 (80% 13-17s at wave 11, 81% 13-17s at wave 10, 82% 13-17s at wave 9).

From wave 9 onwards, young people were also asked whether they agreed or disagreed with the statement ‘I am confident that anything I discuss with a doctor or in a clinic remains private’. Almost nine in ten respondents aged 13-17 (87%) agreed with it, including 59% who agreed strongly. The above findings are not necessarily contradictory with the proportion who thought ‘confidentiality’ is available at present (48%) as some respondents might have said that ‘confidentiality/privacy’ is not available at advice centres at present because they are not visiting them yet. However, there does appear to be some need to reassure young people that they can access confidential services for advice on sex and relationships.

The figures on confidentiality questions are broken down by age groups in the following table.

	13-15s (257) %	16-17s (233) %	18-21s (254) %
% stating ‘confidentiality’ as their most important consideration when seeking advice on sex and relationships	37	40	50
% feeling ‘confidentiality’ is available at present when seeking advice on sex and relationships	43	53	63
% saying the statement ‘Everything a young person tells a GP or a doctor at a clinic remains private, even if they are under 16’ is true	82	79	74
% agreeing with the statement ‘I am confident that anything I discuss with a doctor or in a clinic remains private’	83	91	92

Older respondents were more likely to say that ‘confidentiality’ is the most important factor to them when seeking advice on sex and relationships (37% 13-15s, 40% 16-17s, 50% 18-21s). This is consistent with waves 9 and 10. They were also more likely to agree that ‘confidentiality’ is available at present (43% 13-15s, 53% 16-17s, 63% 18-21s). This is probably due to the fact that older respondents were also more likely to have received some advice on sex and relationships.

Although there is little change in the overall figure after we changed the statement to ‘Everything a young person tells a GP or a doctor at a clinic remains private, **even if they are under 16**’, it is interesting to note that older respondents seemed less likely to believe that confidentiality is available to young people under 16 (82% 13-15s, 79% 16-17s, 74% 18-21s).

7.5 Sources of contraceptive supplies used

From wave 2 onwards, young people aged 13 - 21 were also asked which sources they had ever used to get contraceptive supplies and their responses are listed in table 7f.

	W11 (739) %	W10 (756) %	W9 (744) %	W8 (733) %	W7 (710) %	W6 (757) %	W5 (722) %	W4 (746) %	W3 (797) %	W2 (734) %
<i>Any</i>	52	53	59	58	46	52	50	50	53	50
Family Planning Clinic	19	19	18	21	17	21	20	21	22	18
GP/doctor/ practice nurse	17	20	18	19	17	13	18	17	18	16
Pharmacy/ chemist	16	16	21	17	14	17	17	18	18	19
Vending machine/pub toilet	11	12	16	15	12	15	17	17	16	18
Teacher/ school nurse	7	7	11	9	6	8	6	5	4	6
Youth Advisory Centre/ Brook Advisory Centre	5	4	5	4	4	5	5	4	4	5
NHS walk in centre	4	2	2	3	3	3	3	3	2	1
School-based clinic / drop in centre	1	2	2	4	3	3	N/A	N/A	N/A	N/A
None of these	39	39	35	36	38	34	40	40	41	42
Don't know/ Refused	9	9	5	6	15	14	10	10	7	8

Once again, there were very few changes in the proportions using different sources throughout the eleven waves. At wave 11, ‘GP/doctor./practice nurse’ (17%), ‘family planning clinic’ (19%) and ‘pharmacy/chemist’ (16%) were the most common sources of contraceptive supplies.

Girls were more likely than boys to have obtained contraception from a GP/doctor./practice nurse (27% girls, 7% boys) and family planning clinic (23% girls, 16% boys) whilst boys were more likely to have obtained contraception from vending machine/public toilet (15% boys, 7% girls)

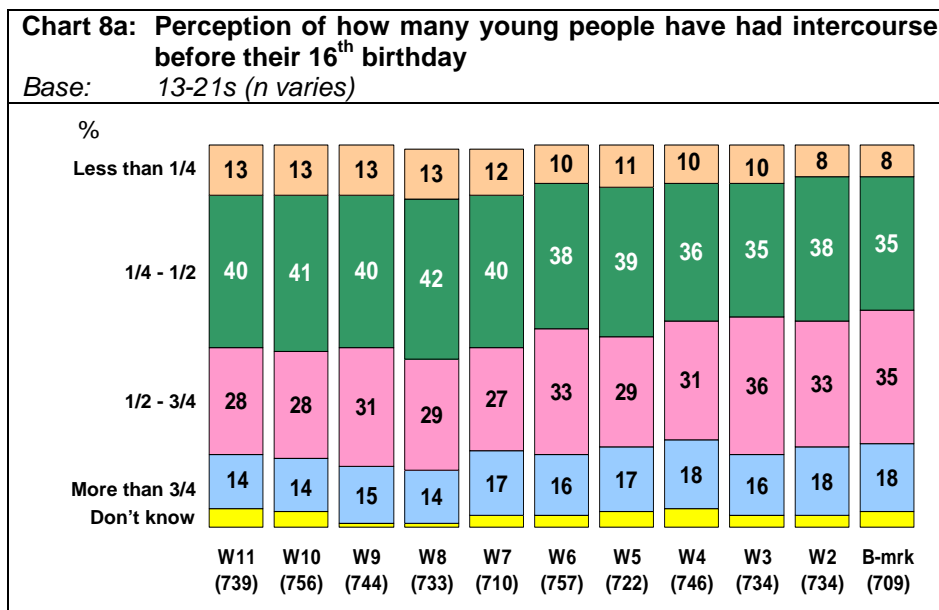
8.0 KNOWLEDGE ABOUT SEX AND RELATIONSHIPS

One of the main aims of the strategy, and therefore the campaign, is to improve young people’s knowledge of the issues surrounding sex and relationships in order to help them make better decisions regarding their own behaviour.

This chapter looks at perceptions and knowledge about sex and relationships, exploring awareness of contraceptive methods and STIs. As the chapter is about young people’s general perceptions and knowledge instead of their awareness of the Teenage Pregnancy Campaign, analysis will be based on all young people aged 13-21 instead of only those aged 13-17.

8.1 Perception of norms relating to the start of sexual activity

The qualitative campaign development research before the start of our survey showed that many young people were surprised to find out that two thirds of young people in the UK had not had sexual intercourse by the time they turned 16. In order to find out if this was a commonly held perception, we asked respondents how many young people they thought had sexual intercourse before their 16th birthday (Chart 8a).

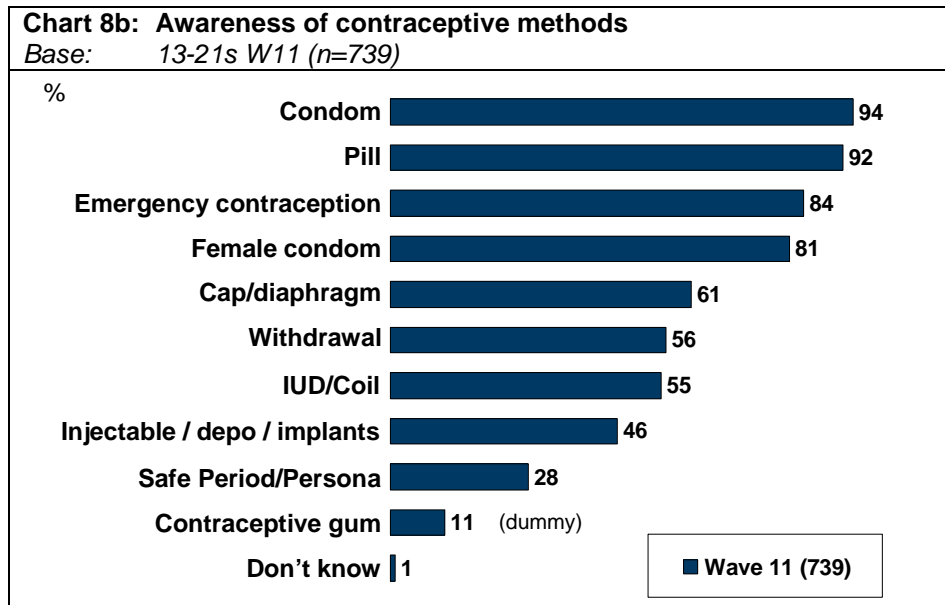


Around a third (35%) at benchmark had fairly accurate perceptions, i.e. that between a quarter and half of young people had had sex before the age of 16. This steadily increased to two-fifths at wave 7 (40%) and has remained constant since then (40% at wave 11).

The proportion of young people who thought that over half of young people have had sex before they are 16 has decreased gradually but steadily since benchmark (53% at benchmark, 42% at wave 11).

8.2 Awareness of contraceptive methods

Young people were presented with a list of different contraceptive methods and asked which they had heard of. The list included a ‘dummy’ contraceptive method, contraceptive gum, to detect over-claiming. Chart 8b shows the results at wave 11.



As at previous waves, awareness of various contraceptive methods among young people was very high. Awareness of ‘condom’ (94%) and ‘pill’ (92%) among young people was almost universal and 84% and 81% were aware of ‘emergency contraception’ and ‘female condom’ respectively.

As at previous waves, girls were more likely than boys to be aware of most methods of contraception, in particular emergency contraception (88% girls, 80% boys), the diaphragm (67% girls, 54% boys), the IUD/Coil (67% girls, 44% boys) and injectable contraception or implants (58% girls, 34% boys).

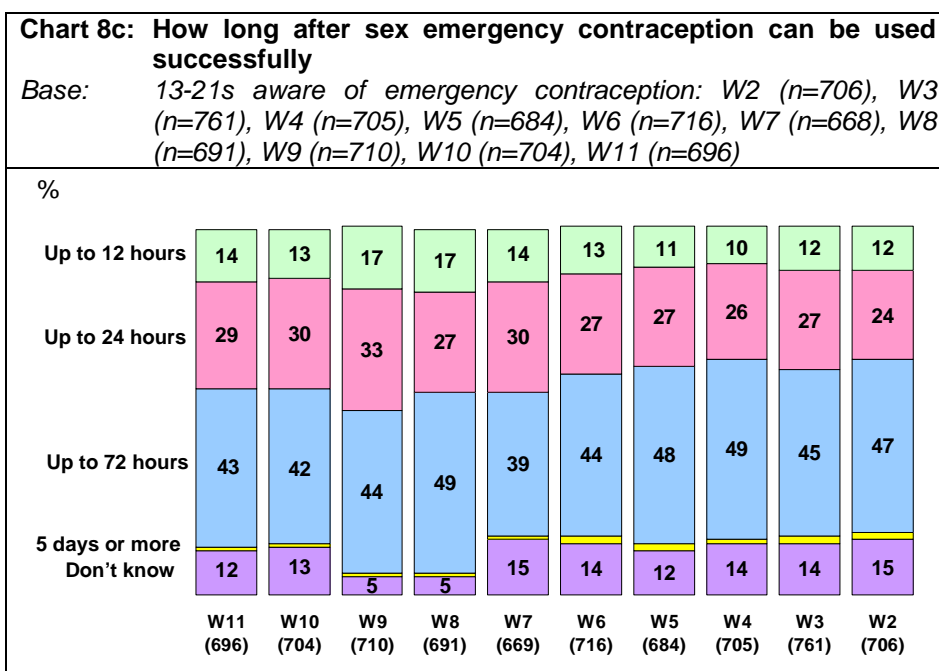
Respondents from the age group 13-15 were less likely than older respondents to be aware of all the contraceptive methods on the list. Those from C2DE households were also less likely to have heard of the various types of contraceptive methods than those from ABC1 households (apart from injectable contraception or implants).

It should be noted, however, that some young people might have overclaimed their knowledge of contraceptive methods. ‘Contraceptive gum’, a dummy method, was added to the list and a similar proportion at all eleven waves (11% at wave 11) claimed they had heard about contraceptive gum.

Those who did not mention emergency contraception when prompted with a list were read a brief description of the method and asked if they had ever heard of what was described. A further 74 respondents at wave 11 then said they were aware, bringing the total awareness of emergency

contraception to 94%. This is very similar to the levels seen at previous waves. Girls (96% girls, 91% boys) and those aged 16 and over (87% 13-15s, 97% 16-17s, 98% 18-21s) were more likely to be aware of the method, as at previous waves.

All those who were aware of emergency contraception were asked what is the latest time after sex has taken place that the emergency contraceptive pill will work (Chart 8c). The question was changed slightly between the benchmark and wave 2, so comparisons can only be made between waves 2 to 11.



The chart above shows perceptions have remained quite stable across the different waves of the study. At wave 11, 43% of respondents aged 13-21 were able to give the correct answer, i.e. emergency contraception can be used up to 72 hours after sexual intercourse. Twelve per cent of all 13-21s said they do not know the answer, a level higher than those at wave 8 and 9 (both 5%) but more consistent with the waves before. This suggests results at waves 8 and 9 were more likely to be ‘blips’.

As at previous waves, girls were more likely than boys to be able to give the correct answer (32% of boys, 55% of girls who were aware of emergency contraception). Older respondents at wave 11 were generally more likely than younger ones to give the correct answer, as at previous waves (33% of 13-15s, 48% of 16-17s, and 49% of 18-21s aware of emergency contraception).

8.3 Awareness of STIs

STI awareness is of interest because of the need to improve young people’s sexual health. In this context, the issue is of interest because risk reduction strategies for reducing conceptions have been seen by some as having the potential to induce complacency around STI risk. In order to assess

awareness, all young people were shown a list of STIs and asked which they had heard of. A dummy STI Gonaditis was added to measure the level of overclaiming. Results are displayed in the table below (Table 8a).

Table 8a: Awareness of STIs											
<i>Base: 13-21s (n varies)</i>											
	W11 (739) %	W10 (756) %	W9 (744) %	W8 (733) %	W7 (710) %	W6 (757) %	W5 (722) %	W4 (746) %	W3 (797) %	W2 (734) %	B (709) %
HIV/Aids	96	94	96	96	95	95	97	96	96	96	96
Genital Warts	73	73	69	69	63	63	68	65	66	68	63
Chlamydia	69	70	68	63	58	52	53	50	44	48	38
Gonorrhoea	69	68	69	66	60	62	54	49	50	51	49
Hepatitis B	68	67	69	71	65	66	67	68	68	71	68
Syphilis	63	58	60	55	50	51	55	55	51	53	47
NSU	14	16	14	15	11	14	17	14	14	11	11
Gonaditis (dummy STI)	14	16	15	16	13	12	13	13	12	13	11
None of these	1	1	1	*	1	1	-	1	-	-	1
Don't know/Refused	1	1	1	1	-	1	1	1	2	1	1

Note * indicates a proportion which is higher than 0, but less than 1%

The proportions of young people who mentioned Gonaditis, the dummy STI, have remained fairly constant in the last eleven waves, indicating that changes in the levels of awareness of other STIs are real and not a result of overclaiming.

Throughout the last eleven waves, HIV/AIDS has remained the most well known STI among young people (96% at benchmark, 96% at wave 11).

Positively, awareness of some other STIs has increased since the benchmark. This is especially the case for Chlamydia (38% at benchmark, 69% at wave 11) and Gonorrhoea (49% at the benchmark, also 69% at wave 11). Awareness of Genital Warts (63% at the benchmark, 73% at wave 11) and Syphilis (47% at the benchmark, 63% at wave 11) has also risen since the beginning of the survey.

A couple of new questions on STIs were introduced at wave 8 that were only asked of 16-21s. The first one asked respondents what proportion of the population they thought have ever contracted an STI, and they had to choose a proportion from a prompted list. The options ranged from 1 in 2 to fewer than 1 in 50. Results are similar to those recorded at waves 8 to 10, so only wave 11 results are shown below.

- The correct answer was 1 in 9, and only 2% of respondents chose this answer at wave 11.
- Around six in ten young people aged 16-21 thought that a larger proportion of the population have contracted an STI (62% at wave 10).
- Nearly a quarter of respondents thought that a smaller proportion of the population have contracted an STI (22%).
- The remainder could not make a guess

Respondents were also asked how many (known) STIs they thought there were:

- The correct answer was 25, which was the answer chosen by 4% of young people aged 16-21.
- 14% down from 21% at wave 10 - thought there were ten STIs or fewer and a fifth (19% - down from 25% at wave 10) felt there were 11 to 24 STIs.
- One in five (21%, up from 11% at wave 10) thought there were over 25 STIs in existence.
- Two-fifths (42%) said they did not know how many STIs there were, a similar proportion as at wave 10.

9.0 EMPOWERMENT

This section looks at how empowered respondents feel about different aspects of their relationships and sex lives. We asked respondents how easy or difficult they would find it to do certain things and the findings for 13-21 year olds can be seen below.

Table 9a: How easy respondents feel different tasks would be											
<i>Base: 13-21s (n varies)</i>											
% Those saying it would be easy	W11 (739)	W10 (756)	W9 (744)	W8 (733)	W7 (710)	W6 (757)	W5 (722)	W4 (746)	W3 (797)	W2 (734)	B (709)
	%	%	%	%	%	%	%	%	%	%	%
Say no to something sexual you don't want to do	86	85	84	86	79	82	85	82	83	84	85
Suggest using a condom	84	79	87	84	81	79	82	77	80	86	82
Make sure a condom was used properly	79	77	79	80	76	73	74	72	73	76	77
Get a condom	78	75	81	79	74	78	76	78	77	81	77
Resist pressure that you should have sex (13-15s only: W11 (262), W10 (260), W9 (257), W8 (244))	75	73	75	71	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Talk openly with a partner about sex (Benchmark: talk openly about sex with a partner)	76	72	75	77	71	72	75	70	71	75	75
Discuss contraception in a clinic or with a doctor	65	63	64	60	54	52	53	53	54	N/A	58
Ask a boy/girl out	57	60	56	59	58	58	60	55	60	57	61
Discuss STIs in a clinic/with a doctor	59	59	59	57	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Make the first move to have sex	46	47	45	49	44	42	48	48	47	49	48

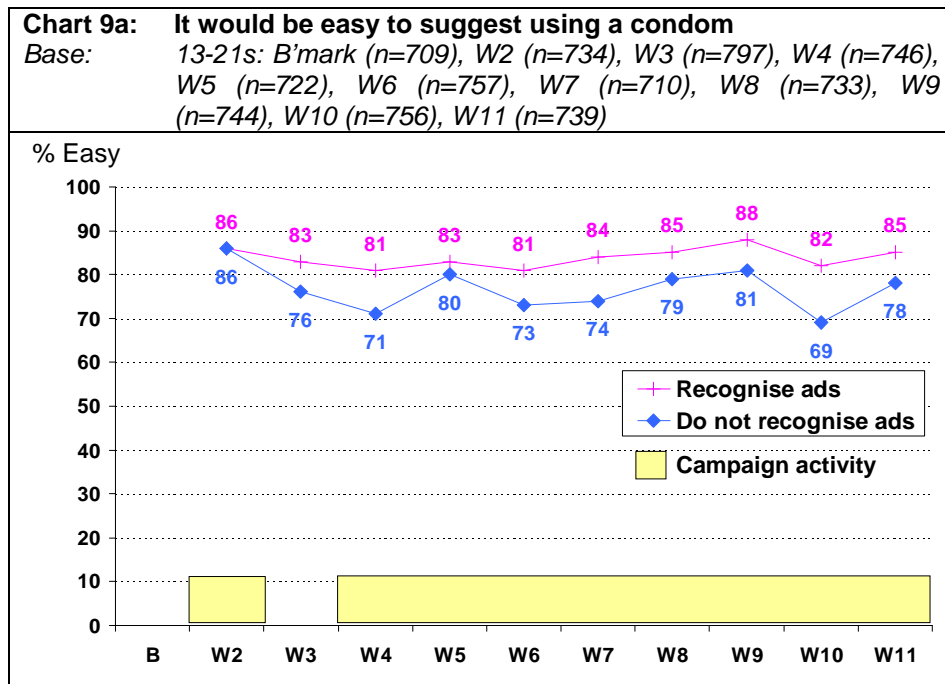
Young people were most likely to find it easy to say no to something sexual they do not want to do (86%) or suggest using a condom (84%). Young people were least confident about making the first move to have sex (46%). The following sections look at some of these in more detail.

Encouraging, there is a gradual increase in the proportion of young people who found it easy to discuss contraception in a clinic or with a doctor since wave 6 (52% at wave 6, 65% at wave 11). Levels of agreement with other statements remain fairly constant throughout all waves.

9.1 Suggest using a condom

The proportion of young people who think it would be easy to suggest using a condom varies a little but is generally around eight in ten or a little more.

Respondents who recognised one or more of the Teenage Pregnancy Campaign ads shown to them were consistently more likely than other respondents to find it easy to suggest using a condom as chart 9a displays:



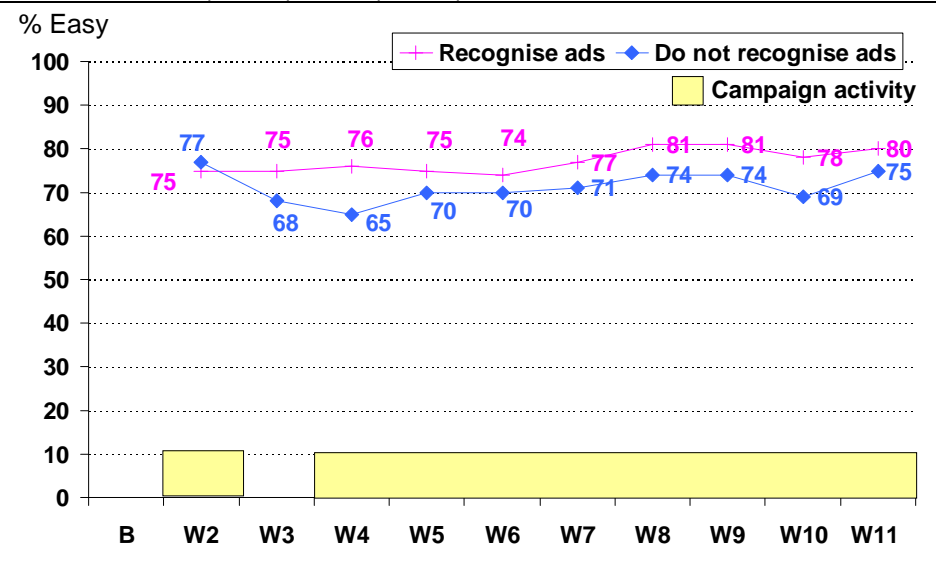
At wave 10, the gap between those who recognised any ads and those who did not had widened (82% recognised ads, 69% did not recognise ads). However, at wave 11 it has narrowed again and is more consistent with previous trends.

As before, older respondents were more likely to find it easy to suggest using a condom than younger respondents (77% 13-15s, 84% 16-17s, 91% 18-21s). Positively, over nine in ten respondents who had had willing sexual intercourse (92%) said it was easy to suggest using a condom, compared with almost eight in ten (78%) of those who had not.

9.2 Make sure a condom is used properly

Almost eight in ten (79%) of respondents at wave 11 thought it would be easy to make sure a condom is used properly. As previously, a greater proportion of those who recognised at least one of the campaign ads felt it would be easy for them to make sure a condom used properly, as chart 9b shows.

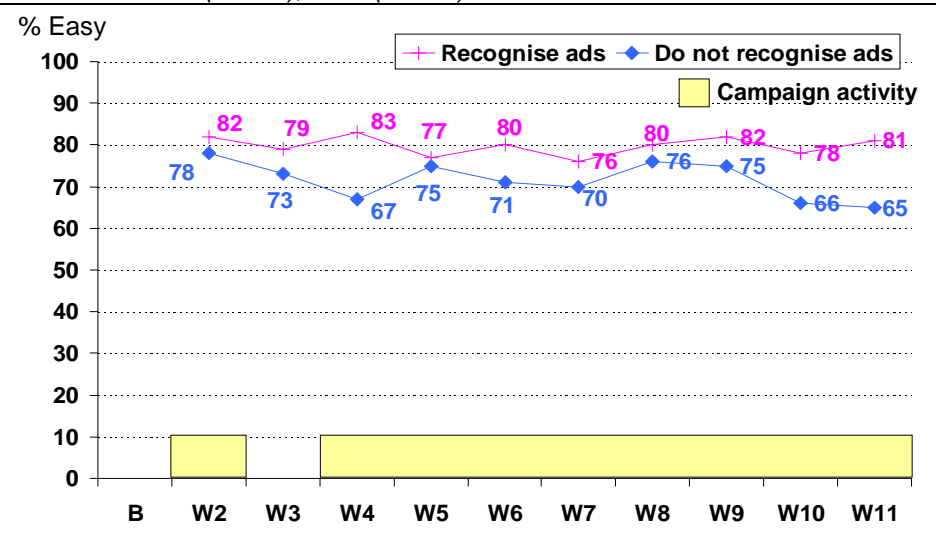
Chart 9b: It would be easy to make sure a condom is used properly
 Base: 13-21s: B'mark (n=709), W2 (n=734), W3 (n=797), W4 (n=746), W5 (n=722), W6 (n=757), W7 (n=710), W8 (n=733), W9 (n=744), W10 (n=756), W11 (n=739)



9.3 Getting a condom

Overall, over three-quarters (78%) of young people at wave 11 said they would find it easy to get a condom. Young people who recognised any of the ads were slightly more likely than their counterparts to find it easy to get a condom, and this is the case at all waves, as displayed in chart 9c.

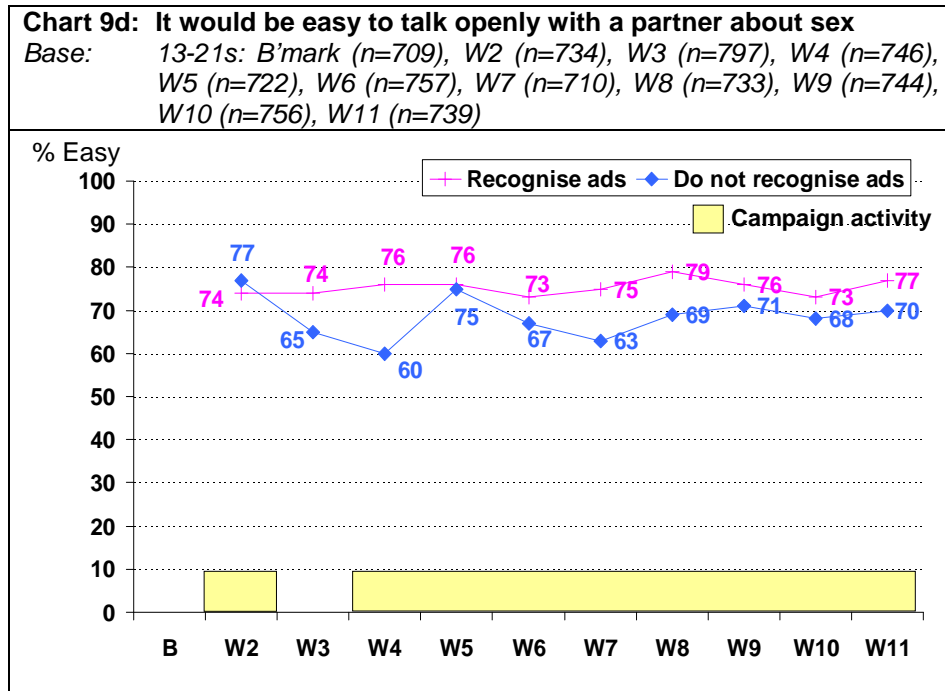
Chart 9c: It would be easy to get a condom
 Base: 13-21s: B'mark (n=709), W2 (n=734), W3 (n=797), W4 (n=746), W5 (n=722), W6 (n=757), W7 (n=710), W8 (n=733), W9 (n=744), W10 (n=756), W11 (n=739)



Young people who did not recognise any ads were less likely to agree that 'it would be easy to get a condom' at waves 10 and 11 than at many previous waves. This will require further monitoring at the next wave.

9.4 Talk openly with a partner about sex

At wave 11, around three quarters of young people (76%) felt it would be easy for them to talk openly to a partner about sex. A slightly greater proportion of those who recognised the ads felt it would be easy to talk openly with a partner about sex than those who did not recognise ads. This can be seen in chart 9d.

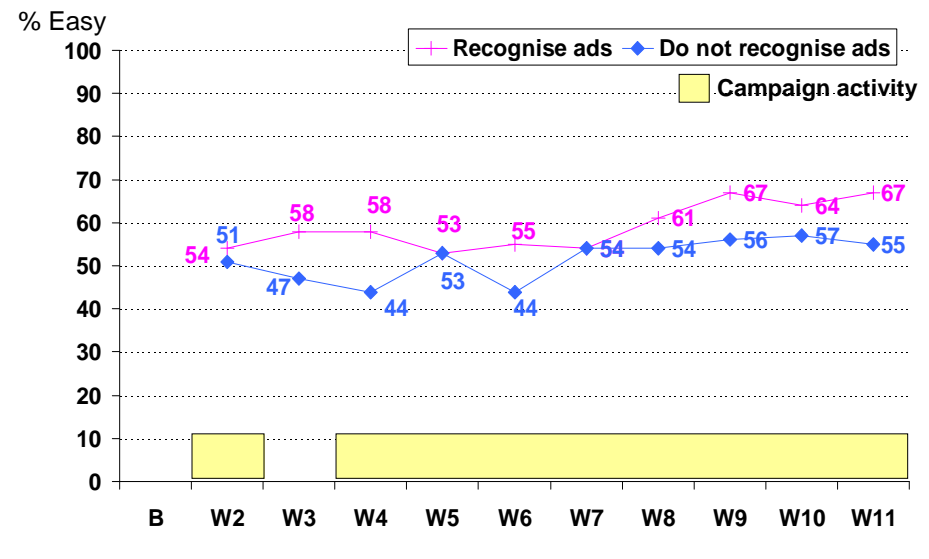


9.5 Discussing contraception

Around two thirds (65%) of young people at wave 11 said it would be easy for them to discuss contraception in a clinic or with a doctor, a gradual increase since wave 6 (52%). Again, as shown in the chart below, awareness of the campaign seems to positively impact on this measure, although this has only been the case later in the campaign.

Chart 9e: It would be easy to discuss contraception in a clinic or with a doctor

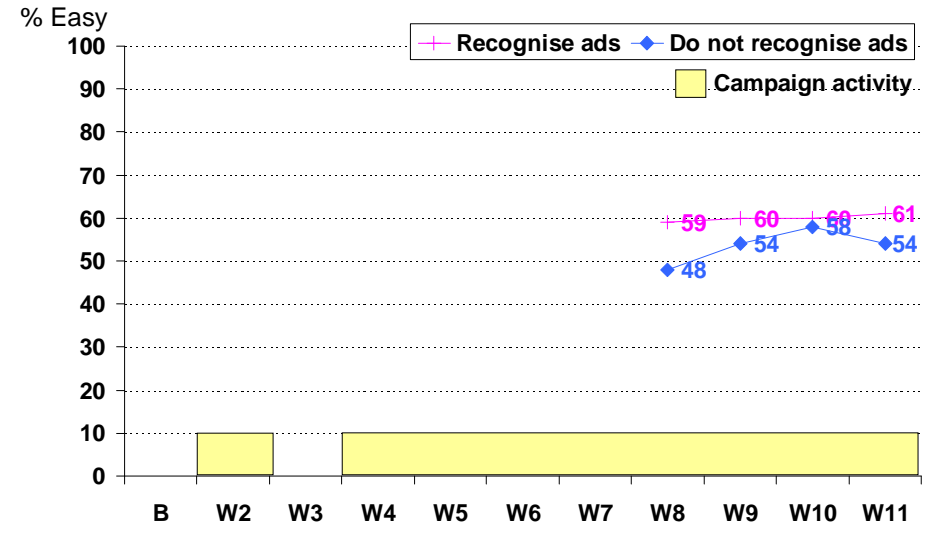
Base: 13-21s: B'mark (n=709), W2 (n=734), W3 (n=797), W4 (n=746), W5 (n=722), W6 (n=757), W7 (n=710), W8 (n=733), W9 (n=744), W10 (n=756), W11 (n=739)



9.6 Discussing STIs in a clinic/with a doctor

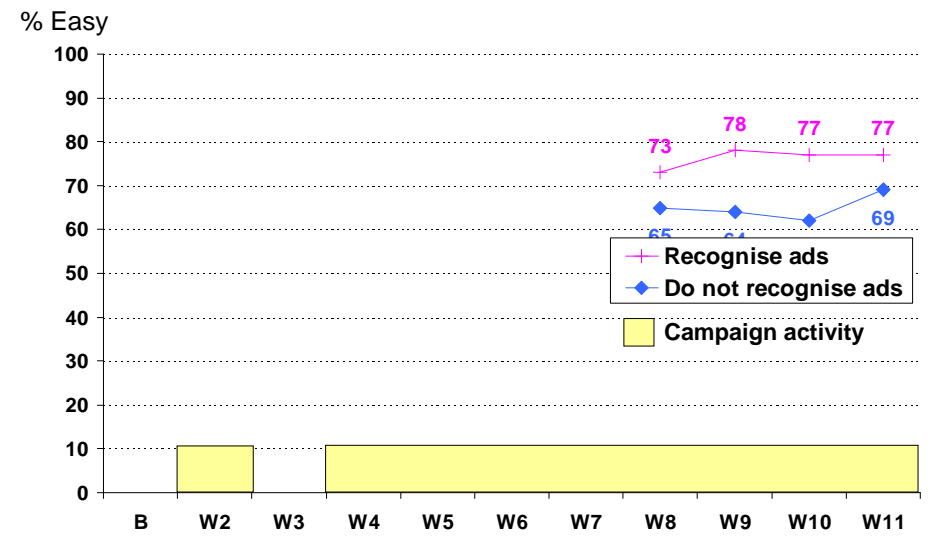
This statement ‘discussing STIs in a clinic/with a doctor’ was introduced at wave 8 and close to three fifths (59%) of respondents said they would find this easy at wave 11. Although this was less the case at wave 10, those who were aware of Teenage Pregnancy ads were more likely than those who were not to find it easy to discuss STIs with a doctor at wave 11.

Chart 9e: It would be easy to discuss STIs in a clinic or with a doctor
 Base: 13-21s: B'mark (n=709), W2 (n=734), W3 (n=797), W4 (n=746), W5 (n=722), W6 (n=757), W7 (n=710), W8 (n=733), W9 (n=744), W10 (n=756), W11 (n=739)



9.7 Resisting pressure that you should have sex (13-15s only)

Chart 9e: It would be easy to resist pressure that you should have sex
 Base: 13-15s: W7 (n=260), W8 (n=260), W9 (n=257), W10 (n=244)



This statement – how easy or difficult it would be to ‘resist pressure from friends saying you should be having sex’ - was only asked of 13-15s, as it was felt they would be the most vulnerable to pressure that they should have sex. Around three quarters (75%) of young people at wave 11 said

they would find this easy, which is similar to the level seen at waves 9 and 10. As at waves 8 to 10, young people who had seen or heard at least one of the ads before were more likely to find this easy at wave 11 (77% of those who recognised any ad and 69% of those who did not). However, the small base sizes mean that we have to treat this with caution.

9.8 Summary

Overall, it seemed that our respondents felt relatively empowered in the above tasks. Over half felt it would be easy to do most of the tasks we asked about, and often this was more than three quarters of those we spoke to. The greater ease of young people who had seen one or more ads regarding the issues, particularly condom use and talking openly about sex, could be linked to the openness of the Teenage Pregnancy ads in dealing with such issues.

Appendices

- Wave 11 questionnaire (questionnaires for previous waves available on request)
- Details of Random Location Sampling method
- Weighting details
- Advertising stimulus material used: Picture ads and Radio ad scripts

Random Location Sampling

The sampling technique used in this survey is a tightly controlled form of quota sampling developed within BMRB International, and is the basis of most consumer surveys, which BMRB International conducts.

The aim of random location sampling is to eliminate the more unsatisfactory features of quota sampling without incurring the cost and other penalties involved in conducting surveys according to strict probability methods.

One of the principal advantages of probability techniques of sampling is that selection of respondents is taken from the hands of interviewers. In conventional quota sampling, on the other hand, interviewers are given quotas to fill, usually from within specified administrative areas. When, for example, an interviewer is asked to complete a quota of AB respondents, he/ she will tend to go to a part of the district where he/she knows such individuals to be available. AB individuals living in mixed social class areas will have little chance of inclusion. This and similar defects lead to biases which are concealed by superficial agreements between sample profiles and accepted standard statistics.

The principal distinguishing characteristic of random location sampling, as operated by BMRB International, is that interviewers are given very little choice in the selection of respondents. Respondents are drawn from a small set of homogenous streets, selected with probability proportional to population after stratification by their ACORN characteristics and region. Quotas are set in terms of characteristics which are known to have a bearing on individuals' probabilities of being at home and so available for interview. Rules are given which govern the distribution, spacing and timing of interviews.

The sample of areas takes as its universe all enumeration districts (groups of, on average, 150 households) in Great Britain. Enumeration districts are stratified in the following manner:

- (i) Standard Region
- (ii) Within Standard Region - by Acorn type
- (iii) Within Standard Region by County and ITV Region

Thus, the design is single stage, using direct selection of appropriate Enumeration Districts, rather than taking streets at random from larger units such as wards or parishes.

Weighting Details

Data were weighted to account for minor imbalances in the samples interviewed, and to ensure that samples are fully comparable across waves.

The young people's data were weighted by social grade, using data taken from BMRB's Target Group Index, and TGI Youth.

Details of the weighting applied are shown below:

Weighting Details – Young people		Unweighted %	Weighted %
Social grade	AB	15	20
	C1	27	29
	C2	26	22
	DE	32	29

The weighting efficiency for young people was 97%, giving an effective sample size of 717. This base number should be used when conducting any calculations for significance, confidence intervals, and so on.

Pantman Game

The image displays two screenshots of the 'Pantman Game' interface. The top screenshot shows the game in progress, featuring a maze with a character and a score of 50. The bottom screenshot shows a selection screen for 25 different STIs, each with a small icon and a label.

STI Selection Grid:

SYPHILIS	CHLAMYDIA	GONORRHOEA	HERPES	HEPATITIS B	HEPATITIS C
TRICHOMONAS	WV	GARDASIL	PELVIC INFLAMMATORY DISEASE	NON-SPECIFIC URETHRITIS	
UREAPLASMA (UREAPLASM)	AMEBIASIS	HEPATITIS A	PUBIC Lice	SALMONELLA	
SPITZGLIUS	SCABIES	MYCOPLASMA GENTALEM	GONORRHOEA	CAMPYLOBACTER	

Picture Ads

Tongue Tied

Finding it HARD to talk about CONDOMS?

When in the bedroom and there's something on the tip of your tongue, it's best to get out, not your tongue. It's called a CONDOM. Best of you know you should but it seems easier to say anything. EHH, isn't it a bit harder talking someone you're attracted to how best it's really just a bit of infection? SO JUST SAY IT.

SEX Are you thinking about it enough?

If you're under 18 and need advice about sex or contraception, call Sexwise on 0800 20 20 20 or visit us at www.sexwise.gov.uk. The call is free and confidential. Text us on 07527 000000. You can also visit us at www.sexwise.gov.uk. The call is free and confidential. Text us on 07527 000000.

Er ... um

Er, have you got a... um... will you put on... er, look, could you er... please?

You probably know you should use it, to prevent pregnancy or a sexually transmitted infection. But how on Earth do you say it? Go on, have a go. Condom. Easy really, isn't it? Ok, but... how do you break the ice with your boyfriend? Here's a few lines you could borrow:

Have you got any condoms? (Simple and direct)

It's ok, I've got some condoms. (Reassuring and mature)

We need to use protection. Have you got any condoms? (Helpful if he's not Brian of Britain)

Has Mr Perry got his pink pubic hair? Different, but possibly not everyone's cup of tea!

If you're not used to talking about it, you may feel a bit embarrassed at first. But one thing's for sure, it'll be well worth it, because once he's got the right bit on, you can both relax.

So remember if you're ready to have sex, however you put it, make sure he puts it on.

SEX Are you thinking about it enough?

If you're under 18 and need advice about sex or contraception, call Sexwise on 0800 20 20 20 or visit us at www.sexwise.gov.uk. The call is free and confidential. Text us on 07527 000000.

Torch

You can't always tell if he's got an infection. However hard you look.

More and more teenagers are catching sexually transmitted infections. Often from teenagers who don't even know they've got one. Be safe. Use a condom.

SEX Are you thinking about it enough?

If you're under 18 and need advice about sex or contraception, call Sexwise on 0800 20 20 20 or visit us at www.sexwise.gov.uk. The call is free and confidential. Text us on 07527 000000.

Puppet

Should I let my friends CONTROL my sex life?

You shouldn't spray yourself yellow and call yourself a bacteria because your friends tell you so. How you live your life is up to you, where you go, what you do and most importantly if or when you sleep with someone. And the only right time to sleep with someone is when you're good and ready. Most people whose success haven't had sex yet. So if you haven't, you're not the odd one out. Most of your friends who say they are regularly having sex are regularly having you on. So if you're thinking about it, don't listen to your friends. Listen to yourself and don't be a puppet.

SEX Are you thinking about it enough?

If you're under 18 and need advice about sex or contraception, call Sexwise on 0800 20 20 20 or visit us at www.sexwise.gov.uk. The call is free and confidential. Text us on 07527 000000.

Mr Men

Chlamydia, Genital Herpes, Gonorrhea, Genital Herpes, Gonorrhea
 HIV, Hepatitis B, Hepatitis C, Syphilis, Pubic Lice
 Scabies, Trichomoniasis, Chlamydia, Chlamydia, Herpes (Genital)
 Gonorrhea, Herpes A, Bacterial Vaginosis, Pelvic Inflammatory Disease, Human Herpes Virus 8
 Sex-Specific Bacteria, Bacterial, Herpes, Gonorrhea, Syphilis, Chlamydia

You only have to sleep with someone **ONCE to **CATCH** any **ONE** of these.**

There's a large number of sexually transmitted infections out there just waiting to attach themselves to your private parts. They're not fussy about who they hang out with, if you're a boy or a girl, how old you are, or how often you've had sex. So if you're single or slutty, have done 1, 2 or 1000, always use a condom because they're dying to get into your pants.

SEX *How you thinking about it, mate?*

If you're under 18 and need advice about sex or contraception, call Sexline on 0300 25 29 20 or visit us at www.sexline.org.uk. The helpline is free and confidential. Help for the people with hearing loss: 0300 375 375.

Online ads



Radio Scripts:

Roll Call

Sfx: Classroom noise

Teacher: Julie?

Julie: Here

Teacher: Andrew?

Andrew: Here

Teacher: John?

Sangeet: Here

Teacher: Herpes?

Herpes: Here

Teacher: Chlamydia?

Chlamydia: (two voices at once) Over here

Teacher: Genital warts?

Warts: Here and here and here

MVO: Over the last five years the rate of some infections amongst teenagers has doubled. you only need to have sex once to catch one, so always use a condom.

Teacher: Gonorrhoea? Gonorrhoea?

Andrew: It's at the doctors Miss, it'll be in later (fade)

FVO: If you're under eighteen and want free confidential advice on sex and contraception, call Sexwise on 0800 282930 or visit us at RUThinking.co.uk

Sex: are you thinking about it enough?

Tall stories

- David: So have you slept with Julie then?
- Robbie: Yeah, and Michelle.
- David: Michelle?
- Robbie: Yeah, and Michelle's best friend and Michelle's big sister and Michelle's cousin. And Janet down the road and Sarah round the corner. (with extra pride) And Miss Binoche.
- David: When?
- Robbie: After French during the fire drill. And the netball team as well.
- David: What, all seven of them?
- Robbie: Yeah and at the same time.
- MVO: Do you believe everything your mates tell you? Most people under sixteen haven't had sex yet. So if you haven't, you're not the odd one out.
- Robbie: And your girlfriend... (fade)
- FVO: If you're under 18 and want free confidential advice on sex and contraception, call Sexwise on 0800 282930. or visit us at ruthinking.co.uk
Sex: are you thinking about it enough?

Message

SFX: A phone ringing, a click and a beep.

MV: [Recorded message, a normal cheerful manner]

Hi it's Tom. I can't answer the phone right now. I'm at the clinic trying to get rid of my genital warts. Leave your name and number and I'll call you back. Cheers.

SFX: A beep and a click.

MVO: It's not this easy to tell if someone's got a sexually transmitted infection, as some don't have symptoms.

So always use a condom.

MVO: If you're under 18 and want free, confidential advice on sex and contraception call 0800 282930 or visit ruthinking.co.uk.

Sex. Are you thinking about it enough?

Ode to Jennifer

MV: [17 year old boy]: Ode to Jennifer.

SFX: He clears his throat.

Oh Jennifer my darling girl,
My love for you burns bright,
We've been going out for eighteen weeks,
three days and half a night.

We've stared into each other's eyes,
Held hands in crowded places,
We've walked in the moonlight romantically,
And sucked each other's faces.

But now I think it's time, my love,
To move to another level,
And I think you're ready to commit to me,
despite my name being Neville.

So this Valentine's, my darling Jen,
My love for you, you'll see,
Cos not only did I get you flowers,
I went to the pharmacy.

You see, my Jenny, I want you near,
But I know it's our best tactic,
To stop infections and prevent mistakes,
I'll wear a prophylactic.

So light the candles, put a CD on,
Make sure the door is latched,
Cos if I drop my pants you'll know
A condom is attached.

MVO: This Valentine's, if you love each other, say it with rubber.
If you're under 18 and want free, confidential advice on sex and
contraception, call Sexwise on 0800 28 29 30, or visit
'RUthinking.co.uk'

Sex. Are you thinking about it enough?

Radio Script - Odd One Out

FV: [Schoolteacher, adult] John?

Boy1: Yes, miss.

FV: Scott?

Boy2: Here, miss.

FV: Lee?

Boy3: Yes, miss.

FV: Daniel?

SFX: A loud, repeating klaxon blares out and a machine-like voice announces:

VIRGIN! VIRGIN! VIRGIN!

FV: Daniel?

Machine-like voice: VIRGIN! VIRGIN...

MVO: If you haven't had sex yet, and you're worried about your mates finding out, there's something you should know.

Most guys don't have sex until they're around 16. And some wait a lot longer.

So no matter what your mates might *claim*, the odds are, you're not the odd one out.

SFX: The klaxon stops in mid-blare and falters to a halt.

MVO: If you want to find out more about the real facts of life, or get free, confidential advice on sex and contraception, call Sexwise on 0800 282930, or visit our website at www.ruthinking.co.uk.

Sex. Are you thinking about it enough?