

Contraception and Sexual Health, 2003

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Notes to tables

1. Very small bases have been avoided wherever possible because of the relatively high sampling errors that attach to small numbers. In general, percentage distribution are shown if the base is 30 or more. Where the base is smaller than this, actual numbers are shown within square brackets.
2. A percentage may be quoted in the text for a single category that is identifiable in the tables only by summing two or more component percentages. In order to avoid rounding errors, the percentage has been recalculated for the single category and therefore may differ by one percentage point from the sum of the percentages derived from the tables.
3. The row or column percentages may add to 99% or 101% because of rounding.
4. Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically significant.

Summary

This report presents the results of a survey on contraception and sexual health carried out in 2003/04. Questions on contraceptive use and sexual health were asked of women aged under 50 and men aged under 70. Reports have also been published with the results of six previous surveys conducted in 1997/98, 1998/99, 1999/2000, 2000/01, 2001/02 and 2002/03. This report includes an examination of any significant changes in the data between 2002/03 and 2003/04.

Contraceptive use among women aged under 50

Half (52%) of all women aged 16–49 were currently using at least one method of non-surgical contraception.

The most popular method of contraception remains the contraceptive pill: a quarter (25%) of women were currently using this method. The second most popular method was the male condom, used by 23% of women aged 16–49.

Use of both the contraceptive pill and the male condom was highest among younger women and fell with age.

- Women aged 18–29 were those most likely to be using the contraceptive pill.
- Use of the contraceptive pill fell sharply from the age of 30.
- At least one third of women in the age groups 16–17, 18–19 and 20–24 were using the male condom.
- Use of the male condom began to fall from age 25 onwards.
- Women under the age of 35 were more likely to use the contraceptive pill than the male condom, this pattern was reversed among women aged 35 and over.

Just under a quarter of women aged 16–49 had either been sterilised (11%) or had a partner who had had a vasectomy (12%). The likelihood of a woman either having been sterilised or having a partner who had had a vasectomy rose with age.

A quarter (25%) of all women were currently not using a method of contraception, the majority of whom were not currently in a

heterosexual relationship. Women aged under 20 were those most likely not to be in a heterosexual relationship (45% of women aged 16–17 and 25% of those aged 18–19).

Reasons for not using contraception

Three-fifths (61%) of women who were currently in a heterosexual relationship and were neither using contraception nor were sterilised had a partner who had been sterilised.

Women 'at risk' of pregnancy

Women who are in a heterosexual relationship and who are neither pregnant nor sterilised and do not have a partner who has been sterilised are deemed to be 'at risk' of pregnancy.

The proportion of women 'at risk' of pregnancy has remained constant since 1998/99: in 2003/04, three-fifths (58%) of women aged 16–49 were 'at risk' of pregnancy.

Women 'at risk' of pregnancy were:

- Likely to be younger than those 'not at risk': around three quarters of women aged 20–34 were 'at risk' compared with four in ten or fewer women in their forties.
- Equally likely to be using either the contraceptive pill (43%) or the male condom (40%).

Emergency contraception

Women were more than twice as likely to have heard of hormonal emergency contraception (the 'morning after pill') than they were to have heard of the emergency IUD (94% compared with 43%).

Half (50%) of women who had heard of the 'morning after pill' knew that it remains effective if taken up to 72 hours after intercourse. Only one tenth (10%) of women who had heard of the emergency IUD knew that it remained effective if inserted up to five days after intercourse.

One-twentieth (six per cent) of women aged 16–49 had used the ‘morning after pill’ at least once during the last year: four per cent of women had used the ‘morning after pill’ once during that period, one per cent had used it twice and fewer than one per cent had used it more than twice. The emergency IUD had been used by fewer than one per cent of women in the year prior to interview.

Women most likely to have used the ‘morning after pill’ were:

- Single: 12% of single women reported using the ‘morning after pill’ compared with three per cent of married or cohabiting women. Furthermore, single women accounted for two-thirds of women who had used the ‘morning after pill’ in the last year.
- Currently using contraception: only three per cent of women not currently using contraception reported using the ‘morning after pill’ compared with seven per cent of women currently using contraception. Women currently using contraception accounted for seven-eighths of women who had used the ‘morning after pill’ at least once in the last year.

The most popular source for obtaining the ‘morning after pill’ remains the woman’s own GP or practice nurse (41%) followed by a chemist or pharmacy (27%) and family planning clinic (21%). The proportion of women obtaining the ‘morning after pill’ from a walk-in centre or minor injuries unit increased between 2002/03 and 2003/04 from less than one per cent to 11%. Women aged under 30 were five times more likely than those aged 30 and over to have obtained the ‘morning after pill’ from this source (15% compared with three per cent).

Only four per cent of women who had used the ‘morning after pill’ during the last year said that they had experienced any difficulties obtaining it. Since the ‘morning after pill’ was made available through additional sources in 2001 (chemists, pharmacies, walk-in centres and minor injuries units) the proportion of women experiencing problems obtaining it has fallen from 13% in 2001/02 to four per cent in 2003/04.

Condom failure was mentioned by half (49%) of women who had used the ‘morning after pill’ during the last year as the reason for having used it.

Family planning services

Almost three-fifths (57%) of women aged 16–49 had used at least one family planning service in the past five years. Women were more than twice as likely to visit their own GP or practice nurse for family planning advice than any other source (81%).

Sterilisation and vasectomies

One in ten (11%) women aged 16–49 and 17% of men aged 16–69 had been sterilised. The likelihood of a man or woman having been sterilised rose with age.

The proportions of men and women aged 16–49 who were sterile were very similar. However, men in their forties were more likely than women of the same age to have had an operation to become sterile, whilst a larger proportion of women, than men, in this age group had become sterile as a result of another operation.

Men were more likely than women to have had their sterilisation operation performed outside the NHS: almost three in ten (29%) men aged 16–69 compared with only six per cent of women aged 16–49 had had their operation performed outside the NHS.

Sexual behaviour

More than nine in ten (92%) men aged 16–69 had only had sex with women, two per cent had only had sex with men. A twentieth (five per cent) of men aged 16–69 had not yet had a sexual relationship. Men aged under 20 were those most likely not yet to have had a sexual relationship.

Around three-quarters of men aged 16–69 (74%) and women aged 16–49 (78%) had had only one sexual partner during the year prior to interview. Eight per cent of men and seven per cent of women had had two or three sexual partners and a further four per cent of men and one per cent of women had had four or more sexual partners in the last year. As may be expected, percentages differed markedly by age and by marital status.

Respondents most likely to have had more than one sexual partner in the last year were:

- Men: within all age groups, 16–49, men were more likely than women to have had more than one sexual partner. For example, among respondents aged 20–24, men were almost twice as likely as women to have had multiple partners (33% compared with 17%).
- Single: 32% of single men and 21% of single women reported having had multiple sexual partners in the last year compared with three per cent of married or cohabiting men and two per cent of married or cohabiting women. The likelihood of men and women who were widowed, divorced or separated to have had multiple sexual partners during the last year was lower than that for single respondents but higher than that for respondents who were married or cohabiting (24% and 13% of widowed, divorced or separated men and women respectively).

Condom use

Half of men and women aged 16–49 who were either currently in a sexual relationship or had been in the last year had used a condom in the year prior to their interview (52% and 50% respectively).

Respondents who had used a condom were:

- Most likely to be in the younger age groups. Use of condoms fell with age.
- Most likely to have had more than one sexual partner in the last year.
- Most likely to say that they had used a condom to prevent pregnancy.

Of respondents that had used a condom in the last year, 56% of men aged 16–69 and 64% of women aged 16–49 said that they always used a condom when they had sex, 16% of men and 13% of women said that they usually used a condom, and around a quarter of both men and women only sometimes used a condom (28% and 23% respectively).

Knowledge of sexually transmitted infections

Around two-thirds of men aged 16–69 (67%) and women aged 16–49 (63%) said that their behaviour had not been influenced by what they had heard about HIV, AIDS and other sexually transmitted infections (STIs).

Almost three in ten men (27%) and women (29%) said that what they had heard about HIV, AIDS and STIs had influenced them to use a condom more often, six per cent of both men and women now have fewer one night stands, and three per cent of men and seven per cent of women said that they now have a test for STIs when they change partners.

Respondents most likely to say that their behaviour has been influenced by what they have heard about HIV, AIDS or STIs were:

- Younger: the likelihood of behaviour being influenced fell with age.
- To have had more than one sexual partner during the year before interview.

A third (33%) of respondents said that their main source of information about HIV, AIDS and other STIs came from television programmes. Whilst this has remained the most popular source of information the proportion of respondents giving this answer has fallen gradually over time from 40% in 1997/98.

Nine in ten men aged 16–69 (90%) and women aged 16–49 (89%) recognised Gonorrhoea as being a STI from a list of diseases.

For the first time since the question was first asked in 2000/01 the proportion of women who correctly recognised Chlamydia as a STI was almost the same as that of women who recognised Gonorrhoea (87% and 89% respectively). The proportion of men who recognised Chlamydia as a STI has almost doubled since 2000/01 from 35% to 67% in 2003/04.

Respondents aged 30 and over were more likely than younger respondents to recognise Gonorrhoea as a STI, whilst those aged under 30 were more likely than older respondents to recognise Chlamydia as a STI. The likelihood of recognising Chlamydia as a STI fell with age.

When shown a list of statements about Chlamydia and asked which were true, respondents were most likely to correctly identify the statement “Chlamydia can cause ectopic pregnancy if untreated” as being true (80% of men aged 16–69 and 86% of women aged 16–49, who recognised Chlamydia was a STI).

1 Introduction

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

The National Statistics Omnibus Survey is one of two main sources of information about contraceptive use and sexual health, the other being the General Household Survey (GHS).¹ The GHS has been collecting information about contraception and condom use since 1983. When the 1997 GHS was suspended the contraception module carried on the Omnibus Survey was extended to collect information previously gathered by the GHS. The module of questions carried on the National Statistics Omnibus Survey also includes questions on sexual health and condom use which are not covered by the GHS.

This report presents the results of the 2003/04 National Statistics Omnibus Survey and will also examine any changes in the Omnibus data between 2002/03 and 2003/04.

The National Statistics Omnibus Survey is a multipurpose survey based on a representative sample of adults in Great Britain. The Omnibus Survey interviewed 7,258 adults during the four months that the contraception module was carried between June 2003 and March 2004. Questions on contraceptive use and sexual health were asked only of women aged under 50 and men aged over 70, therefore the results shown in this report are based on the 4,599² adults who met this age criterion and completed the module of questions. Respondents were able to answer this module using a self-completion method: the majority of respondents chose to answer in this way. Self-completion was used to avoid potential embarrassment on the part of the respondents and to encourage honest answers. Details about the National Statistics Omnibus Survey are given in Appendix A and the questionnaire is shown in Appendix B.

Notes and references

1. The latest GHS figures on contraceptive use are: Rickards L *et al* (2004) *Living in Britain: Results from the 2002 General Household Survey*, TSO: London.
2. This is the weighted total number of respondents who met the age criterion and answered the contraception and sexual health module of questions, the unweighted total was 4,311 (see Appendix A for information about weighting Omnibus Survey data).

2 Contraceptive use among women aged under 50

2.1 Use of contraception by age

In 2003/04, half (52%) of women aged 16–49 were currently using at least one non-surgical method of contraception. As in previous years, the most popular method of contraception was the contraceptive pill, a quarter (25%) of women aged 16–49 said that they were currently using this method, followed by the male condom (used by 23% of women). Other forms of non-surgical methods of contraception were used by four per cent or fewer women, for example, the IUD was currently being used by four per cent of women aged 16–49, and two per cent of women said that they used the cap/diaphragm.

Women aged 18–29 were those most likely to be using the contraceptive pill. Almost three-fifths (58%) of women aged 18–19, half (49%) of those aged 20–24, and two-fifths (40%) of women aged 25–29 were currently using this method of contraception. From the age of 30 the use of the contraceptive pill, among women, fell sharply. Slightly fewer than one third (31%) of women aged 30–34 were using the contraceptive pill, this proportion then halved to 15% of those aged 35–39 and 12% of women aged 40–44, and then fell again to only one-twentieth (five per cent) of women aged 45–49.

The use of the male condom among women by age was very similar to that of the contraceptive pill and was most prevalent among younger women: at least one third of women in the age groups 16–17, 18–19 and 20–24 said that they were currently using this method of contraception (33%, 36% and 37% respectively). Whilst the proportion of women using the male condom fell from age 25 onwards the proportion of women in each age group using this method did not fall below one-tenth. Among women aged under 35 a larger proportion in each age group used the contraceptive pill than the male condom, however from age 35 onwards this pattern reversed and a larger proportion of women, in each age group, used the male condom than used the contraceptive pill: for example, women aged 45–49 were almost three times more likely to be using the male condom than they were to be using the contraceptive pill (14% compared with five per cent).

Just under a quarter of women aged 16–49 had either been sterilised or had a partner who had had a vasectomy (11% and 12% respectively). The likelihood of a woman either having been sterilised or having a partner who had had a vasectomy rose with age. Women aged 35 and over were at least three times as likely as younger women to have been sterilised: five per cent or fewer women aged under 35 had been sterilised compared with 17% of women in both the 35–39 and 40–44 age group and 25% of women aged 45–49. The proportion of women who had a partner who had had a vasectomy rose in a similar way: four per cent or fewer women aged 29 and under and nine per cent of women aged 30–34 had a partner who had had a vasectomy compared with 15% aged 35–39, 25% aged 40–44 and 20% of women aged 45–49.

The fall in the proportion of women, by age, who were using the contraceptive pill or male condom can largely be explained by the corresponding increase in the likelihood of women to either be sterilised or to have a partner who had had a vasectomy as their age increases. For example, among women aged 20–24, three-quarters (75%) were using a non-surgical method of contraception (49% in this age group were currently using the contraceptive pill and 37% using the male condom) and only three per cent had either been sterilised or had a partner who had had a vasectomy, compared with women in the 45–49 age group who were more likely to either be sterilised or have a partner who had had a vasectomy (44%) than currently be using a non-surgical method of contraception (28%).

A quarter (25%) of all women were currently not using a method of contraception and the majority of these women were not using contraception because they were not currently in a heterosexual relationship. Fourteen per cent of women aged 16–49 were not currently in a heterosexual relationship. Women aged under 20 were those most likely not to currently be in a heterosexual relationship:¹ slightly less than half (45%) of women aged 16–17 and a quarter (25%) of those aged 18–19 were not currently in a heterosexual relationship. This proportion fell to around one in ten women aged 25 and over. A further three per cent of women were not using contraception because they had become sterile as a result of another operation, two per cent of women wanted a baby and the same proportion (two per cent) were pregnant at the time of their interview, one per cent had reached

the menopause (this answer was given only by respondents aged 40–44 (one per cent) and 45–49 (five per cent), and one per cent of women answered that they were possibly infertile. Overall, only two per cent of women, aged 16–49, who might need to use contraception² were not currently using at least one method. Less than one per cent of women said that they were not currently using contraception because they did not like it and a further one per cent had some other reason for not using contraception.

Table 1 and Figure A

2.2 Use of contraception by marital status

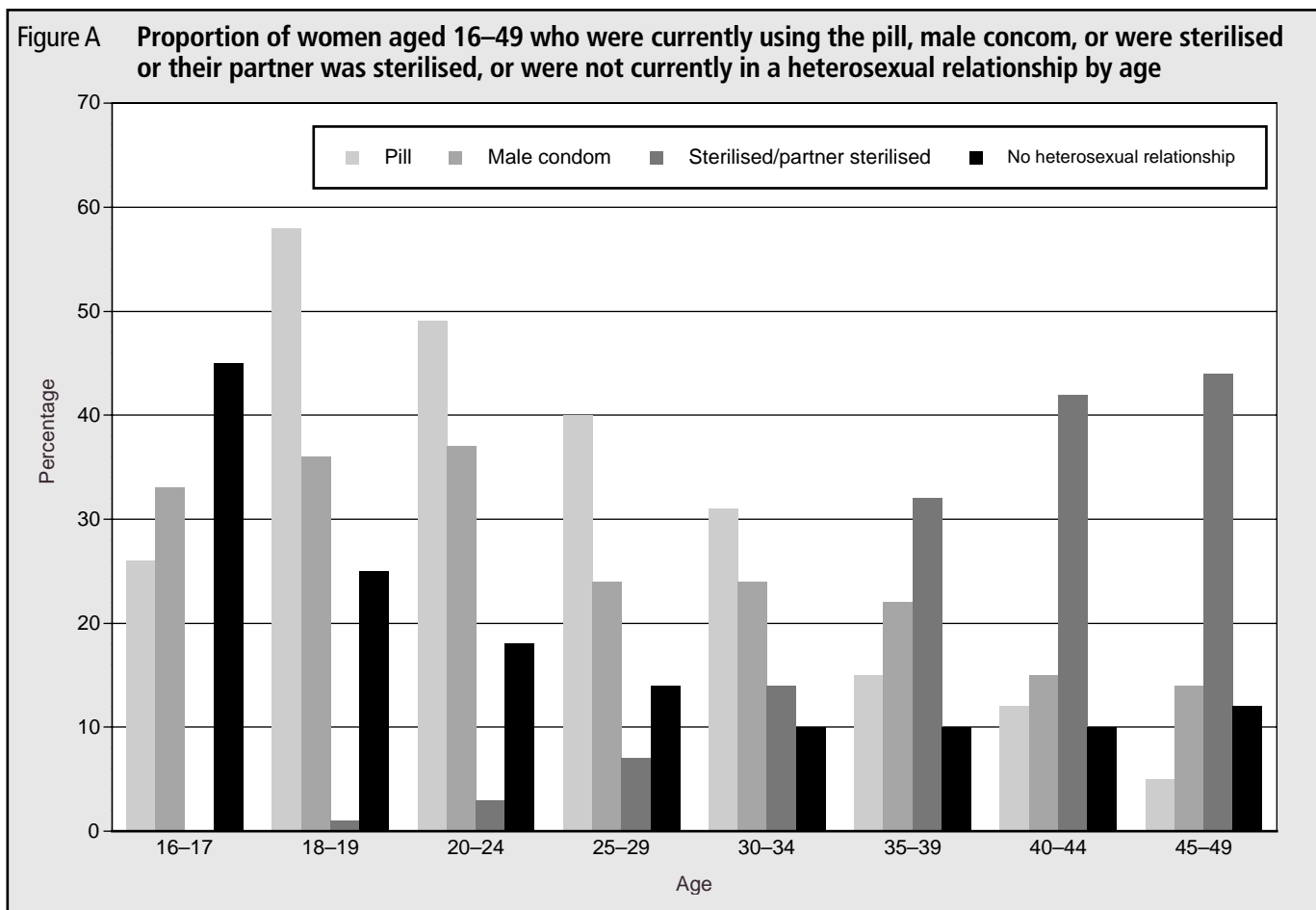
Not only were single women more likely to use either the contraceptive pill or the male condom than women in other marital status groups but there was also a difference between the proportions of single women using these methods that was not apparent within the other two groups. Among single women, the use of the contraceptive pill was more popular than the male condom (38% compared with 30%) whilst women in the other two marital status groups were as likely to use either form of contraception: around one-fifth of married or cohabiting women used the contraceptive pill (21%) and a very similar proportion

used the male condom (22%), similarly among women who were widowed, divorced or separated one tenth used the contraceptive pill (12%) and a similar proportion (10%) used the male condom.

Women who were widowed, divorced or separated were more likely to be sterilised than women in the other two marital status groups: one-fifth (21%) of women who were widowed, divorced or separated had been sterilised compared with 14% of women who were married or cohabiting and only three per cent of single women.

Unsurprisingly, single women or those who were widowed, divorced or separated were more likely not to currently be in a heterosexual relationship than women who were married or cohabiting. Only one per cent of married or cohabiting women said that they were not in a heterosexual relationship compared with a third of women who were either single (33%) or widowed, divorced or separated (32%).

Although there are differences between the marital status groups in their use of contraception these can largely be explained by the age distribution within the groups. Single women were more likely to be aged under 30 than women in the other two marital status groups (76% compared with 17% of married or



cohabiting women and only 10% of those who were widowed, divorced or separated) and therefore also more likely to be using either the contraceptive pill or the male condom. However, as table 3 shows, the distribution of the use of contraceptive pill and the male condom by age within both the single and married or cohabiting marital status groups reflects the distribution across the population as a whole, further suggesting that differences between the marital status groups are a consequence of the age composition of the different groups rather than differences caused by marital status. **Tables 2 and 3**

2.3 Reasons for not using contraception

Women aged 16–49 who were currently in a heterosexual relationship and neither using contraception nor were sterilised were asked their main reason for not using contraception. Three-fifths (61%) of these women were not using contraception because their partner had had a vasectomy. As shown earlier, the proportion of women whose partner had had a vasectomy rose with age: of women who were not currently using contraception, a quarter (24%) of 16- to 29-year-olds had a partner who had been sterilised compared with 54% of those aged 30–39 and 77% of women aged 40–49.

Similar proportions of women either wanted to be pregnant (12%) or were pregnant at the time of their interview (10%). Women who were not using contraception because they wanted to become pregnant were least likely to be aged 40 and over, only four per cent of women aged 40–49 gave this answer compared with 18% of women aged 30–39 and 24% aged 16–29. Furthermore, women aged 16–29 were more than twice as likely as those aged 30–39 to be pregnant at the time of their interview (32% compared with 14%).

A further six per cent of women said that they did not use contraception because they were possibly infertile and two per cent did not like using contraception. Overall just under one twentieth (four per cent) of women did not use contraception because they had reached the menopause, however, this reason was mentioned only by women in their forties (nine per cent of women aged 40–49). **Table 4**

2.4 Women ‘at risk’ of pregnancy

Women who are in a heterosexual relationship and who are neither pregnant nor sterilised and do not have a partner who has been sterilised are deemed to be ‘at risk’ of pregnancy. The proportion of women ‘at risk’ of pregnancy has remained

constant since 1998/99: in 2003/04, three-fifths (58%) of women were ‘at risk’ of pregnancy.

Younger women were more likely to be ‘at risk’ of pregnancy than older women. Around three-quarters of women aged 20–34 were ‘at risk’ compared with four in ten or fewer women in their forties (77% aged 20–24, 74% aged 25–29 and 71% aged 30–34 compared with 41% aged 40–44 and 36% aged 45–49). The relatively high proportion of women aged 16–19 (38%) who were ‘not at risk’ of pregnancy reflects the large proportion of women in this age group who were not currently in a heterosexual relationship. Similarly, women in their forties were less likely to be ‘at risk’ of pregnancy than younger women because of the increased likelihood among women of this age to have either been sterilised or to have become sterile as a result of another operation. **Table 5**

Women ‘at risk’ of pregnancy were equally likely to be using either the contraceptive pill (43%) or the male condom (40%). A further one in ten women were not currently using any contraception: seven per cent of women ‘at risk’ of pregnancy were not using contraception because of infertility, the menopause, or because they wanted to become pregnant, and three per cent were not using contraception for other reasons.

Of women who were ‘at risk’ of pregnancy, those who were currently using the contraceptive pill were slightly more likely to be aged under 30 (58%) than aged 30 and over. Among women using the male condom the opposite was found, a larger proportion of women were aged 30–49 (55%) than aged 16–29 (45%). Three-quarters (75%) of women who were currently using neither the contraceptive pill nor the male condom were aged 30–49. The difference in the age distribution of users of the contraceptive pill and the male condom reflects the age distribution within these methods as discussed in section 2.1. **Tables 6 and 7**

2.5 Emergency contraception

There are two forms of emergency contraception available to women to use after intercourse: hormonal emergency contraception (the ‘morning after pill’) which must be taken within 72 hours of intercourse, and the emergency IUD which must be inserted within five days if it is to be effective. Women who were not sterilised (or had been sterilised within the last two years) were asked whether they had heard of these two methods.

Since 1997/98 the proportion of women who had heard of the ‘morning after pill’ has remained very similar: in 2003/04 more than nine in ten (94%) women aged 16–49 said that they had heard of this method. Women were more than twice as likely to have heard of the ‘morning after pill’ than they were to have

heard of the emergency IUD (94% compared with 43%). The proportion of women who had heard of the emergency IUD has fallen in this period from around half of women in 1997/98 (47%) and 1998/99 (51%) to just over two-fifths (43%) in 2003/04. The differences between the age groups in the likelihood of their having heard about the 'morning after pill' or the emergency IUD were very small.

Table 8

Women who had heard of either form of emergency contraception were asked how long after intercourse the method remains effective. The respondents were asked to choose their answer from the following categories:

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

Half (50%) of women, who had heard of the 'morning after pill', correctly answered that it remains effective if taken up to 72 hours after intercourse. Women were more likely to underestimate than overestimate the length of time the 'morning after pill' remains effective: 15% thought that the 'morning after pill' remains effective only if taken up to 12 hours after intercourse and 29% said that it remains effective up to 24 hours compared with less than one per cent of respondents who thought it either remains effective for up to five days or over five days.

Respondents were much less likely to know how long the emergency IUD remains effective after intercourse than they were the 'morning after pill'. Only one tenth (10%) of women who had heard of the emergency IUD knew that it remains effective if inserted up to five days after intercourse. Once again women were more likely to under estimate than over estimate the length of time that the emergency IUD remains effective: more than one third of respondents under estimated its period of effectiveness (13% answered up to 12 hours, 13% answered up to 24 hours and 12% said it remains effective up to 72 hours) compared with only two per cent who over estimated how long the emergency IUD remains effective and answered over five days. Almost half (49%) of women who had heard of the emergency IUD answered "Don't know" when asked how long it remains effective compared with only one twentieth (six per cent) of respondents when asked how long the 'morning after pill' remains effective.

Table 9

Women who had heard of the 'morning after pill' were shown the following list of statements about the emergency pill and asked which, if any, they thought were true:

"The emergency pill...."

1.has no identified harmful long-term side-effects"
2.can sometimes cause nausea/make you feel sick"
3.is more effective the sooner it is taken after intercourse"
4.is safer and more effective than it has been in the past"
5.can still be effective taken at any time up to 72 hours after intercourse"
6.protects against sexually transmitted infections (STIs)"
7.protects against pregnancy until the next period"
8. None of these

(Answers 1–5 are true and 6–7 are false)

Of the answers that were true, respondents were most likely to think the following two statements were true "the emergency pill can sometimes cause nausea/make you feel sick" (63%) and "the emergency pill is more effective the sooner it is taken after intercourse" (63%). Slightly more than half (56%) of respondents thought that the statement "the emergency pill can still be effective taken at any time up to 72 hours after intercourse" was true. Only two-fifths (39%) of women said that the statement "the emergency pill has no identified harmful long-term side-effects" was true and a third (32%) answered "the emergency pill is safer and more effective than it has been in the past". Only a small proportion of respondents chose the two incorrect answers as being true: eight per cent thought the statement "the emergency pill protects against pregnancy until the next period" was true and only one per cent thought the statement "the emergency pill protects against sexually transmitted infections" was true.

The proportion of women who thought the statement "the emergency pill is more effective the sooner it is taken after intercourse" was true has increased steadily since 2000/01 from 54% to 63% in 2003/04. The proportions of women who thought each of the other statements were true have remained similar over time.

There were three statements for which differences by age were found. Women aged under 40 were more likely to think that the statement "the emergency pill can sometimes cause nausea/make you feel sick" was true than older women: two-thirds of women aged 16–29 (66%) and 30–39 (67%) thought this statement was true compared with half (52%) of those aged 40–49. Similarly the likelihood of a woman thinking the statement "the emergency pill can still be effective taken at any time up to 72 hours after intercourse" was greatest among younger women and fell with age from 65% among those aged 16–29 to 56% of women aged 30–39 and then fell again to 42% of those aged 40–49. A larger proportion of women in the younger age groups, than those in the older age groups, had used the 'morning after pill' in the last year and their experiences of using it may partly explain

the differences by age in the likelihood of women to think these statements to be true. Women who had used the ‘morning after pill’ at least once in the year prior to interview were more likely than those who had not to correctly identify the following statements as true: “the emergency pill can sometimes cause nausea/make you feel sick” (82% compared with 62%), “the emergency pill is more effective the sooner it is taken after intercourse” (79% compared with 62%), and “the emergency pill can still be effective taken at any time up to 72 hours after intercourse” (76% compared with 54%).

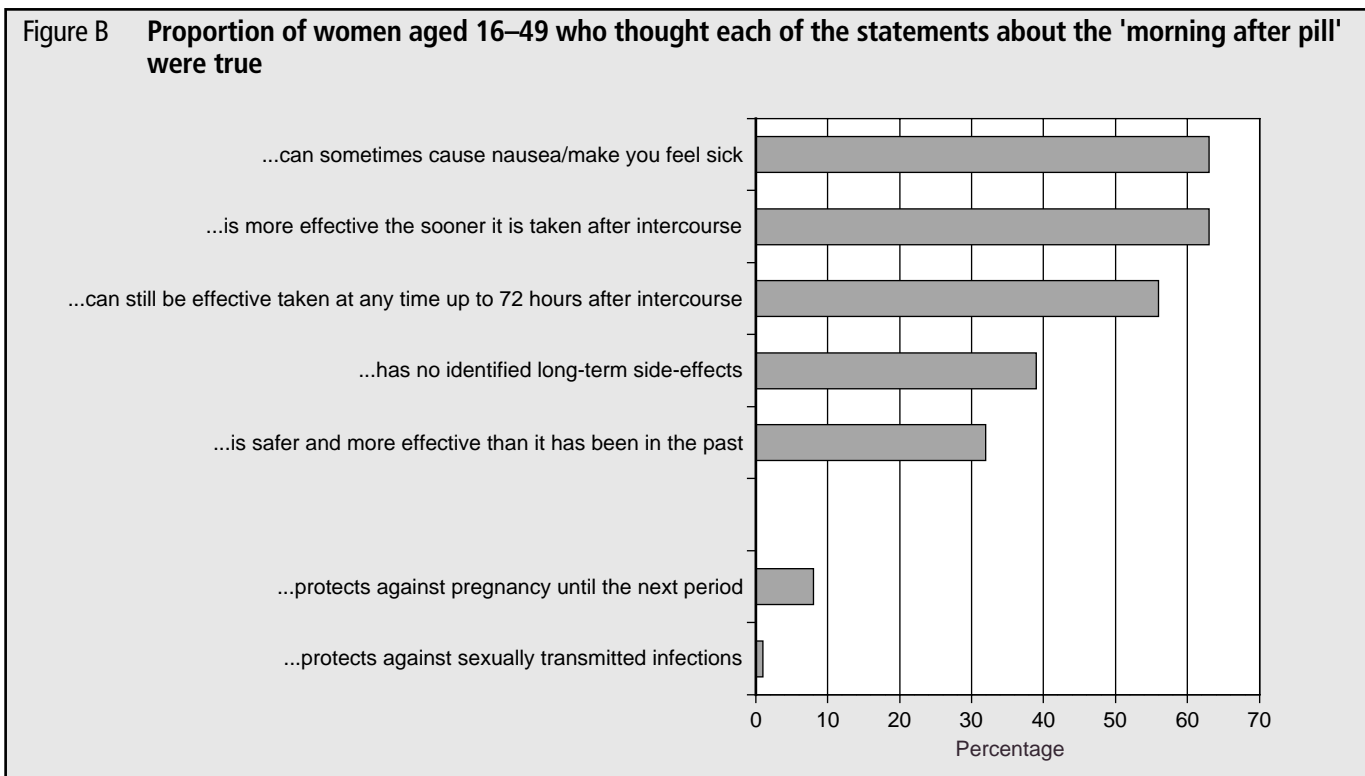
Older women were more likely, than younger women, to say that the statement “the emergency pill has no identified harmful long-term side-effects” was true (46% of women aged 40–49 compared with 36% of those aged 16–29 and 38% of women aged 30–39).

On the whole very little difference was found between marital status groups. However, single women were more likely than women who were married or cohabiting, or widowed, divorced or separated to answer that the following statements were true: “the emergency pill is more effective the sooner it is taken after intercourse” (69% compared with three fifths of women in the other two marital status groups), “the emergency pill can still be effective taken at any time up to 72 hours after intercourse” (63% compared with around half of women in the other two marital status groups), and “the emergency pill protects against pregnancy until the next period” (12% compared with seven per cent of married or cohabiting women and three per cent of widowed, divorced or separated women). **Table 10 and Figure B**

In 2003/04 one-twentieth (six per cent) of women aged 16–49 had used the ‘morning after pill’ at least once during the last year. Four per cent of women had used the ‘morning after pill’ once during that period, one per cent had used it twice and fewer than one per cent had used it more than twice. The emergency IUD had been used by fewer than one per cent of women in the year prior to interview. The proportions of women using both methods of emergency contraception has remained similar since 2000/01.

The likelihood of a woman having used the ‘morning after pill’ during the year prior to her interview would appear to be higher among single women and those who were currently using contraception. Single women were at least twice as likely as women in all other marital status groups to have used the ‘morning after pill’ at least once (12% compared with two per cent of married women, three per cent of cohabiting women and six per cent of women who were widowed, divorced or separated). Furthermore, single women accounted for two-thirds (65%) of all women who had used the ‘morning after pill’ at least once during the last year.

Similarly, women who were currently using contraception were twice as likely as those who were not to have used the ‘morning after pill’ at least once during the previous year (seven per cent compared with three per cent). Women who were currently using contraception accounted for seven-eighths (87%) of women who had used the ‘morning after pill’ in the last year.



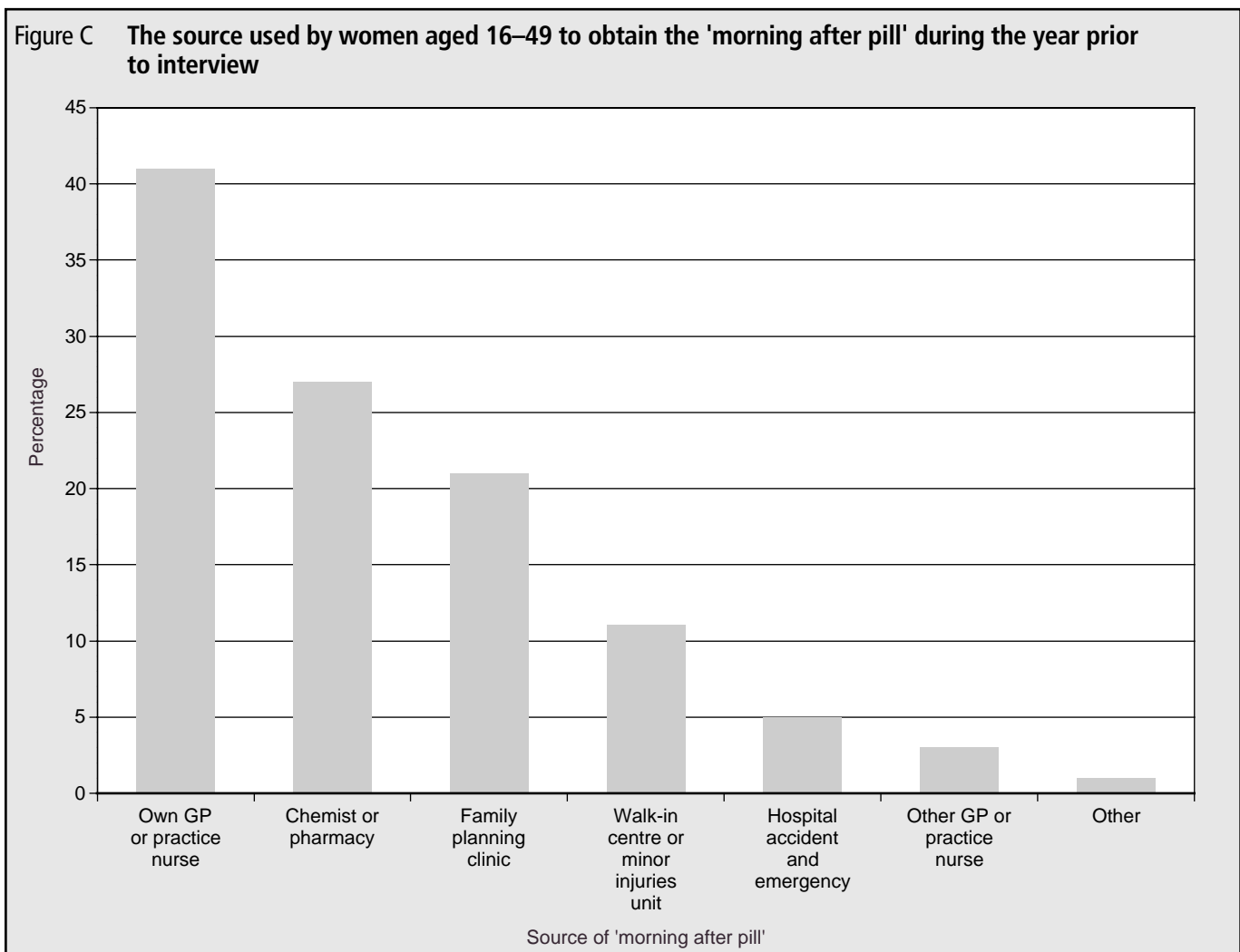
Whilst in general there were very few differences in the use of the 'morning after pill' by age, the proportion of 16- to 17-year-olds who had used the 'morning after pill' at least once during the last year (20%) was larger than among women in all other age groups, with the exception of those aged 20–24 where the difference was found not to be statistically significant. Comparison with results from previous surveys consistently shows that 16- to 17-year-olds were more likely than women aged 25 and over to have used the 'morning after pill'. The exception to this, however, is found within the results of the previous survey (2002/03) where the proportion of 16- to 17-year-olds who had used the 'morning after pill' was lower (10%) and was only statistically significantly different from the corresponding proportions of women aged 35 and over. Furthermore, the apparent difference in the proportion of 16- to 17-year-olds who had used the 'morning after pill' between 2002/3 and 2003/04 (and other years in which the question was asked) was found not to be statistically significant. Whilst the findings reported here have been found to be statistically significant they should be treated with a degree of caution due to the number of respondents who were aged 16–17 being relatively small.

Table 11

Respondents who had used the 'morning after pill' during the year prior to their interview were asked where they had obtained it. On the whole the proportion of women using each source to obtain the 'morning after pill' has remained similar between 2002/03 and 2003/04 with the exception of those who obtained it from a walk-in centre or minor injuries unit for which the proportion increased from less than one per cent in 2002/03 to 11% in 2003/04. The 'morning after pill' was only made available from walk-in centres or minor injuries units in 2001 and in the two years of this survey since then it has only been mentioned by one per cent or fewer respondents. Furthermore, women aged under 30 were five times more likely than those aged 30 and over to have obtained the 'morning after pill' from this source (15% compared with three per cent). This was the only source of the 'morning after pill' for which a statistically significant difference by age was found.

The most popular source for obtaining the 'morning after pill' remains the woman's own GP or practice nurse (41%) followed by a chemist or pharmacy (27%) and family planning clinic (21%). Only one in twenty or fewer women had obtained the 'morning after pill' from either a hospital accident and emergency department (five per cent) or a GP or practice nurse other than their own (three per cent).

Table 12 and Figure C



Women who had used the ‘morning after pill’ at least once in the last year were asked whether they had experienced any difficulty in obtaining it. Only four per cent of women said that they had experienced any difficulties obtaining the morning after pill. Since the ‘morning after pill’ was made available through additional sources in 2001 (chemists, pharmacies, walk-in centres and minor injuries units) the proportion of women experiencing problems obtaining it has fallen from 13% in 2001/02 to four per cent in 2003/04. **Table 13**

The most popular reason why the ‘morning after pill’ was used, given by half of women who used it during the last year, was condom failure (49%). A quarter (23%) of women said that they had used the ‘morning after pill’ on the last occasion because they had missed or forgotten to take the pill. A further one in ten (nine per cent) said that they had used it because a condom had not been available and two per cent had not wanted to use a condom. Five per cent of women had used the ‘morning after pill’ because their routine contraceptive (other than condom) had failed. **Table 14**

2.6 Family planning services

Almost three-fifths (57%) of women aged 16–49 had used at least one family planning service in the past five years. Unsurprisingly, women most ‘at risk’ of pregnancy, those aged 20–34, were also those most likely to have used a family planning service in the last five years: at least seven in ten women in these age groups said that they had received family planning advice.³ Women in the oldest age group (45–49) were less likely to be ‘at risk’ of pregnancy and were also those least likely to have used a family planning service: only a quarter (24%) of women in this age group had visited a family planning service. **Table 15**

Women were more than twice as likely to visit their own GP or practice nurse for family planning advice than any other source. Four-fifths (81%) of women who had visited a family planning service in the last five years had visited their own GP or practice nurse for this purpose compared with a third (32%) of women who had visited a family planning clinic, the second most popular source of advice. A further twelfth (eight per cent) had visited a chemist or pharmacy for family planning advice, three per cent had visited another GP or practice nurse and one per cent had visited a walk-in centre or minor injuries unit. **Table 16**

Notes and References

1. The difference between the proportion of women aged 18–19 and 20–24 who were not currently in a heterosexual relationship was not statistically significant.
2. Women who might need to use contraception were those who were currently in a sexual relationship and the woman was either not pregnant nor wished to be, or neither partner was sterile, or the woman had not yet reached the menopause and was not infertile.
3. The difference between the proportion of women aged 18–19 and 30–34 who had used a family planning service was not statistically significant.

Table 1 Current use of contraception by age

Women aged 16–49

Great Britain: 2003/04

Current use of contraception	Age								All							
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Non-surgical																
Pill*	26	58	49	40	31	15	12	5	25	25	28	25	26	26	26	
<i>Minipill</i>	1	14	9	6	4	4	5	2	5	5	5	5	5	5	5	
<i>Combined pill</i>	20	29	31	31	24	10	6	2	17	18	21	17	18	19	19	
Male condom	33	36	37	24	24	22	15	14	23	20	21	21	23	21	21	
Withdrawal	3	-	1	3	5	5	1	1	3	3	4	3	5	6	4	
IUD	2	-	1	3	5	5	5	4	4	5	3	5	4	4	4	
Injection/implant	3	2	6	5	4	3	1	1	3	3	3	3	3	2	2	
Safe period/																
rhythm method/ Persona	-	-	1	1	2	1	1	0	1	1	2	1	2	2	2	
Cap/ diaphragm	-	1	0	0	1	1	1	2	1	1	1	1	1	1	2	
Foams/ gels	-	-	-	-	0	0	-	1	0	0	0	0	0	1	0	
Hormonal IUS	-	-	0	1	1	1	1	1	1	1	1	1	1	0	0	
Female condom	-	-	-	-	0	0	-	-	0	0	0	0	0	0	0	
Emergency Contraception†	5	4	2	0	0	0	-	-	1	1	1	1				
Total at least one method non-surgical																
	50	70	75	66	63	48	35	28	52	51	53	51	54	50	52	
Surgical																
Sterilised	-	1	2	3	5	17	17	25	11	11	10	11	12	12	11	
Partner sterilised	-	-	1	4	9	15	25	20	12	12	12	11	11	12	10	
Total at least one method																
	50	71	78	73	77	80	77	73	75	74	75	73	76	75	74	

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

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

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

†† Category included only in 1999/2000 questionnaire and earlier surveys.

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

Table 1 (continued) Current use of contraception by age

<i>Women aged 16-49</i>										<i>Great Britain: 2003/04</i>					
Current use of contraception	Age 16-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	All 2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Not using a method															
No heterosexual relationship**	45	25	18	14	10	10	10	12	14	15	13	13	15	13	14
Sterile after another operation	-	-	1	1	1	1	7	8	3	3	3	4	3	4	4
Wants to get pregnant	2	-	1	4	4	4	1	1	2	2	2	3	1	2	2
Pregnant now	2	2	1	5	5	2	-	-	2	1	1	2	1	1	2
Just doesn't use contraception††													0	1	2
Going without sex to avoid pregnancy	2	-	1	1	1	0	0	0	1	1	0	1	1	1	1
Unlikely to conceive because of menopause	-	-	-	-	-	-	1	5	1	1	1	1	1	1	1
Possibly infertile	-	1	-	0	2	1	2	1	1	2	2	2	1	1	1
Doesn't like contraception	-	-	0	1	-	1	0	-	0	0	0	1	1	0	0
Other reason	-	-	0	2	1	1	1	1	1	1	2	2	1	0	0
Total not using a method	50	29	22	27	23	20	23	27	25	26	25	27	24	25	26
<i>Base***</i>	<i>98</i>	<i>90</i>	<i>228</i>	<i>262</i>	<i>329</i>	<i>376</i>	<i>349</i>	<i>311</i>	<i>2044</i>	<i>2190</i>	<i>2068</i>	<i>1967</i>	<i>2179</i>	<i>1601</i>	<i>3357</i>

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

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

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

†† Category included only in 1999/2000 questionnaire and earlier surveys.

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

Table 2 Current use of contraception by marital status

Current use of contraception	Marital status			All*
	Single	Married or cohabiting	Widowed, divorced or separated	
	%	%	%	%
Non-surgical				
Pill	38	21	12	25
Male condom	30	22	10	23
Withdrawal	2	4	1	3
IUD	2	4	8	4
Injection/implant	4	2	4	3
Safe period/ rhythm method/ Persona	0	2	-	1
Cap/ diaphragm	1	1	1	1
Foams/ gels	0	0	-	0
Hormonal IUS	0	1	2	1
Female condom	0	-	1	0
Emergency Contraception	2	0	0	1
Surgical				
Sterilised	3	14	21	11
Partner sterilised	1	19	3	12
Total at least one method	63	84	60	75
Not using a method				
No heterosexual relationship	33	1	32	14
Sterile after another operation	1	4	2	3
Wants to get pregnant	0	4	0	2
Pregnant now	1	3	1	2
Going without sex to avoid pregnancy	1	0	0	1
Unlikely to conceive because of menopause	0	1	2	1
Possibly infertile	0	2	1	1
Doesn't like contraception	0	1	-	0
Other reason	1	1	1	1
Total not using a method	37	16	40	25
<i>Base†</i>	<i>613</i>	<i>1210</i>	<i>218</i>	<i>2044</i>

* Total column includes women whose marital status is not known.

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

Table 3 Method of contraception currently used by age within marital status groups

<i>Women aged 16–49</i>									<i>Great Britain: 2003/04</i>
Method of contraception	Age								All
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%	%
Single									
Pill	25	59	48	40	33	14	[5]	[1]	38
Male condom	33	36	38	24	22	21	[4]	[3]	30
Sterilised	-	1	2	1	5	6	[3]	[1]	3
Partner sterilised	-	-	1	-	4	2	[1]	[1]	1
No heterosexual relationship	46	26	25	34	33	39	[10]	[8]	33
Other*	18	10	14	18	20	28	[5]	[5]	17
<i>Base†</i>	<i>97</i>	<i>88</i>	<i>164</i>	<i>94</i>	<i>74</i>	<i>52</i>	<i>27</i>	<i>17</i>	<i>613</i>
Married or cohabiting									
Pill	[1]	[-]	51	43	31	15	11	5	21
Male condom	[-]	[1]	36	25	26	24	17	16	22
Sterilised	[-]	[-]	2	3	5	16	16	28	14
Partner sterilised	[-]	[-]	2	7	11	21	31	26	19
No heterosexual relationship	[-]	[-]	-	1	1	0	3	0	1
Other*	[-]	[1]	23	32	35	29	25	26	29
<i>Base†</i>	<i>1</i>	<i>2</i>	<i>59</i>	<i>152</i>	<i>234</i>	<i>265</i>	<i>266</i>	<i>230</i>	<i>1210</i>
Widowed, divorced or separated									
Pill	[-]	[-]	[2]	[3]	[5]	14	12	4	12
Male condom	[-]	[-]	[2]	[1]	[3]	12	7	8	10
Sterilised	[-]	[-]	[-]	[2]	[1]	29	27	17	21
Partner sterilised	[-]	[-]	[-]	[1]	[2]	2	5	3	3
No heterosexual relationship	[-]	[-]	[1]	[2]	[6]	26	30	46	32
Other*	[-]	[-]	[1]	[8]	[9]	23	20	22	25
<i>Base†</i>	<i>-</i>	<i>-</i>	<i>4</i>	<i>16</i>	<i>22</i>	<i>59</i>	<i>56</i>	<i>61</i>	<i>218</i>

* Women using other methods of contraception and those not currently using a method.

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

Table 4 Main reason for not using contraception by age

Women aged 16–49 in a heterosexual relationship, not using contraception and not sterilised *Great Britain: 2003/04*

Main reason for not using contraception	Age			All						
	16–29	30–39	40–49	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%
Partner sterilised	24	54	77	61	61	59	52	69	67	58
Wants to become pregnant	24	18	4	12	12	10	12	9	10	10
Pregnant now	32	14	-	10	7	7	9	6	6	9
Menopause	-	-	9	4	5	5	3	3	6	4
Possibly infertile	3	7	5	6	9	9	10	7	4	5
Doesn't like contraception	8	2	1	2	2	2	4	4	2	2
Other reason	8	6	4	5	5	8	9	1	4	11
Total	100	100	100	100	100	100	100	100	100	100
<i>Base</i>	59	160	192	411	426	432	410	338	291	576

Table 5 Whether 'at risk' of pregnancy by age

Women aged 16–49 *Great Britain: 2003/04*

Whether 'at risk' of pregnancy	Age							All
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%
'At risk'	62	77	74	71	55	41	36	58
'Not at risk'	38	23	26	29	45	59	64	42
<i>Base</i>	188	227	262	330	376	349	311	2043

Table 6 Selected characteristics of women 'at risk' and 'not at risk' of pregnancy

Women aged 16–49 *Great Britain: 2003/04*

	At risk*						Not at risk					
	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99
	%	%	%	%	%	%	%	%	%	%	%	%
Age												
16–19	10	8	11	10	9	9	8	10	8	11	12	10
20–24	15	14	14	15	16	13	6	6	7	4	7	3
25–29	16	17	17	17	20	19	8	6	7	7	5	8
30–34	20	21	21	18	20	19	11	12	12	12	14	13
35–39	18	17	16	18	16	18	19	19	20	20	19	18
40–44	12	14	12	14	12	12	24	24	21	25	23	21
45–49	9	10	9	8	7	9	23	23	24	20	19	28
<i>Base</i>	<i>1178</i>	<i>1272</i>	<i>1241</i>	<i>1169</i>	<i>1275</i>	<i>923</i>	<i>865</i>	<i>917</i>	<i>826</i>	<i>798</i>	<i>907</i>	<i>683</i>
Current use of contraception†												
Pill	43	44	47	42	44	46	-	-	-	-	-	-
Condom	40	34	35	36	40	38	-	-	-	-	-	-
IUD	7	8	6	8	6	8	-	-	-	-	-	-
Other methods	18	19	19	19	20	20	-	-	-	-	-	-
Not using contraception because of infertility, menopause or wants to become pregnant	7	9	8	9	5	7	-	-	-	-	-	-
Not using contraception because of other reasons	3	2	4	5	4	4	-	-	-	-	-	-
<i>Base</i>	<i>1178</i>	<i>1273</i>	<i>1241</i>	<i>1169</i>	<i>1272</i>	<i>923</i>	-	-	-	-	-	-

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

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

Table 7 Age of women 'at risk' of pregnancy by type of contraception

Women aged 16–49
(*excluded if pregnant, self or partner* sterilised or no sexual relationship*) *Great Britain: 2003/04*

Age	Pill user†	Partner of Condom user†	Neither Pill user nor partner of condom user
	%	%	%
16–29	58	45	25
30–49	42	55	75
<i>Base</i>	<i>507</i>	<i>470</i>	<i>333</i>

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

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

Table 8 Knowledge of emergency contraception by age

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

Great Britain: 2003/04

Emergency contraception	Age								All						
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
Percentage who had heard of emergency contraception															
Hormonal emergency contraception	94	94	95	95	93	94	91	95	94	93	94	92	91	93	91
Emergency IUD	44	39	36	43	39	46	50	45	43	45	46	49	48	51	47
<i>Base</i>	<i>98</i>	<i>88</i>	<i>224</i>	<i>255</i>	<i>314</i>	<i>320</i>	<i>271</i>	<i>209</i>	<i>1779</i>	<i>1938</i>	<i>1839</i>	<i>1722</i>	<i>1914</i>	<i>1396</i>	<i>2629</i>

The above table includes DK as a valid code within Hormonal emergency contraception base but DK is excluded within emergency IUD base.

Table 9 excludes DK as a valid code within Hormonal emergency contraception base (and emergency IUD).

Table 9 Knowledge of how long after intercourse emergency contraception is effective*

<i>Women who had heard of emergency contraception</i>													<i>Great Britain: 2003/04</i>	
How long after intercourse respondent thought it is effective†	Hormonal emergency contraception ('Morning after pill')						Emergency IUD							
	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99		
	%	%	%	%	%	%	%	%	%	%	%	%		
Up to 12 hours	15	14	15	14	18	16	13	12	13	13	14	14		
Up to 24 hours	29	31	29	26	27	26	13	16	14	16	17	20		
Up to 72 hours	50	49	49	52	42	45	12	13	11	15	13	13		
Up to 5 days	0	0	1	1	7	6	10	10	12	11	12	10		
Over 5 days	0	0	0	0	0	0	2	2	3	2	3	4		
Don't know	6	6	5	7	5	6	49	47	47	43	41	38		
Total	100	100	100	100	100	100	100	100	100	100	100	100		
<i>Base</i>	<i>1668</i>	<i>1791</i>	<i>1720</i>	<i>1585</i>	<i>1733</i>	<i>1297</i>	<i>764</i>	<i>862</i>	<i>847</i>	<i>839</i>	<i>921</i>	<i>718</i>		

* In 2001/02 'successfully' was removed from the question: 'how long after sexual intercourse has taken place do you think the pill/IUD method of emergency contraception can successfully be used?'

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

Table 10 Whether respondents could identify which of the statements about hormonal emergency contraception (the 'morning after pill') were true by (a) age, (b) marital status, and (c) whether used hormonal emergency contraception during the last year

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

Great Britain: 2003/04

Statements about hormonal contraception	Age			Marital status			Used 'Morning after pill'		All			
	16–29	30–39	40–49	Single	Married or Cohabiting	Widowed, divorced or separated	Yes	No	2003/04	2002/03	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%
'The emergency pill												
...has no identified harmful long-term side-effects'	36	38	46	37	40	43	33	40	39	35	39	38
...can sometimes cause nausea/make you feel sick'	66	67	52	67	61	62	82	62	63	57	60	57
...is more effective the sooner it is taken after intercourse'	66	62	61	69	61	60	79	62	63	59	56	54
...is safer and more effective than it has been in the past'	33	30	35	35	31	30	34	32	32	31	33	29
...can still be effective taken at any time up to 72 hours after intercourse'*	65	56	42	63	52	50	76	54	56	54	55	42
....protects against sexually transmitted infections (STIs)†	0	0	1	1	1	-	-	1	1	0	1	
....protects against pregnancy until the next period†	11	6	8	12	7	3	9	8	8	8	9	
None of these	1	4	5	1	3	5	-	3	3	3	4	4
<i>Base**</i>	<i>625</i>	<i>586</i>	<i>440</i>	<i>550</i>	<i>953</i>	<i>148</i>	<i>105</i>	<i>1545</i>	<i>1650</i>	<i>1768</i>	<i>1634</i>	<i>1486</i>

* In 2000/01 this code read '...is equally effective taken at any time up to 72 hours after intercourse'.

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

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

Table 11 Use of emergency contraception during the year prior to interview, by (a) age, (b) marital status, and (c) whether currently using a method of contraception

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

Great Britain: 2003/04

Emergency contraception	Age								Marital status				Use of contraception		All			
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	Single	Married	Co-habiting	Widowed, divorced or separated	Currently using a method	Currently not using a method	2003/04	2002/03	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Hormonal emergency contraception ('morning after pill')																		
Used once	18	3	8	5	4	3	1	1	8	2	3	4	5	3	4	5	6	6
Used twice	2	2	4	2	1	1	-	-	3	0	-	2	2	0	1	1	1	1
Used more than twice	1	-	1	-	-	-	-	0	0	-	0	1	0	-	0	1	0	1
Used at least once	20	5	13	7	5	4	1	2	12	2	3	6	7	3	6			
Not used	79	94	86	93	95	96	99	98	88	98	97	94	93	97	94	93	93	92
Emergency IUD																		
Used	-	2	-	0	0	1	0	-	1	-	-	1	0	0	0	1	0	0
Not used	100	98	100	100	100	99	100	100	99	100	100	99	100	100	100	99	100	100
<i>Base</i>	<i>97</i>	<i>88</i>	<i>225</i>	<i>256</i>	<i>315</i>	<i>320</i>	<i>271</i>	<i>209</i>	<i>595</i>	<i>779</i>	<i>234</i>	<i>172</i>	<i>1314</i>	<i>458</i>	<i>1781</i>	<i>1934</i>	<i>1833</i>	<i>1726</i>

Table 12 Where hormonal emergency contraception (the 'morning after pill') obtained by (a) age and (b) marital status

Women aged 16–49 who had used the 'morning after pill' in the year prior to the interview *Great Britain: 2003/04*

Where obtained	Age		Marital Status			All			
	16–29	30–49	Single	Married or Cohabiting	Widowed, divorced or separated	2003/04	2002/03	2001/02	2000/01
	%	%	%	%	%	%	%	%	%
Own GP or practice nurse*	39	46	36	[16]	[3]	41	44	43	59
Family planning clinic	25	13	26	[1]	[3]	21	18	31	33
Other GP or practice nurse*	2	3	1	[2]	[-]	3	5	9	3
Hospital Accident and Emergency	7	-	8	[-]	[-]	5	5	2	3
Chemist or pharmacy†	22	38	24	[7]	[5]	27	33	20	
A walk-in centre or minor injuries unit†	15	3	15	[1]	[1]	11	0	1	
Other	1	-	-	[1]	[-]	1	4	2	5
<i>Base**</i>	<i>72</i>	<i>34</i>	<i>69</i>	<i>26</i>	<i>11</i>	<i>105</i>	<i>129</i>	<i>135</i>	<i>134</i>

* 'Practice nurse' added to code for the first time in 2001/02.

† These codes included for the first time in 2001/02.

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

Table 13 Percentage of respondents who had experienced difficulty in obtaining hormonal emergency contraception (the 'morning after pill') by (a) age, (b) marital status, and (c) number of times respondent had used hormonal emergency contraception during the past year

Women who had used the 'morning after pill' during the past year *Great Britain: 2003/04*

	Age		Marital status			Number of times respondent used the morning after pill'		All			
	16–29	30–49	Single	Married or Cohabiting	Widowed, divorced or separated	Once	Twice or more	2003/04	2002/03	2001/02	2000/01
	Percentage										
Respondents who had experienced difficulty obtaining the 'morning after pill'	3	6	4	[1]	[1]	5	[1]	4	9	13	15
<i>Base</i>	<i>72</i>	<i>34</i>	<i>69</i>	<i>26</i>	<i>11</i>	<i>78</i>	<i>28</i>	<i>106</i>	<i>131</i>	<i>135</i>	<i>134</i>

Table 14 Main reason for using emergency contraception on the most recent occasion that the respondent had used emergency contraception in the last year by (a) age, and (b) marital status

Women aged 16–49 who had used emergency contraception in the year prior to the interview *Great Britain: 2003/04*

Reasons for using emergency contraception	Age		Marital Status			All	
	16–29	30–49	Single	Married or cohabiting	Widowed, divorced or separated	2003/04	2002/03
	%	%	%	%	%	%	%
Condom failure	49	49	44	[16]	[6]	49	42
Missed pill/forgot to take the pill	26	16	25	[6]	[1]	23	23
Condom not available	11	5	12	[-]	[1]	9	11
Did not want to use a condom	1	3	1	[-]	[1]	2	9
Other routine contraceptive failure	4	5	6	[-]	[1]	5	1
Other reason	8	22	11	[4]	[3]	13	14
<i>Base</i>	<i>73</i>	<i>37</i>	<i>72</i>	<i>26</i>	<i>13</i>	<i>110</i>	<i>136</i>

Table 15 Use of family planning services during the five years prior to interview by age

Women aged 16–49

Great Britain: 2003/04

Use of family planning services	Age								All						
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Own GP or practice nurse*	32	50	62	64	64	48	32	19	46	47	48	48	45	45	45
Family planning clinic	22	24	35	28	22	15	10	6	18	19	22	20	18	18	16
Other GP or practice nurse*	-	6	6	1	1	1	2	0	2	2	2	2	2	2	1
Chemist or pharmacy†	-	2	12	5	4	6	1	3	5	5	4				
Walk-in centre or minor injuries unit†	-	-	2	3	1	1	-	0	1	1	1				
Somewhere else	5	-	3	2	1	2	1	0	2	1	1	2	2	1	2
Used at least one service	47	65	78	79	72	59	39	24	57	58	61	58	56	55	56
Not visited anyone	53	35	21	21	27	41	61	76	43	42	39	42	44	45	44
<i>Base**</i>	<i>98</i>	<i>90</i>	<i>231</i>	<i>264</i>	<i>329</i>	<i>377</i>	<i>350</i>	<i>312</i>	<i>2052</i>	<i>2197</i>	<i>2074</i>	<i>1975</i>	<i>2189</i>	<i>1604</i>	<i>3355</i>

* 'Practice nurse' added to code for the first time in 2001/02.

** These categories included for the first time in 2001/02.

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

Table 16 Family Planning Services used by women aged 16–49 in the last five years

Women aged 16–49 who had used family planning services in the last five years *Great Britain: 2003/04*

Family planning services	Respondents who had used Family Planning Services			
	2003/04	2002/03	2001/02	2000/01
	%	%	%	%
Own GP or practice nurse*	81	82	79	82
Family planning clinic	32	32	36	35
Other GP or practice nurse*	3	3	4	4
Chemist or pharmacy†	8	8	7	
Walk-in centre or minor injuries unit†	1	1	1	
Somewhere else	3	2	2	4
<i>Base**</i>	<i>1172</i>	<i>1274</i>	<i>1254</i>	<i>1146</i>

* 'Practice nurse' added to code for the first time in 2001/02.

** These categories included for the first time in 2001/02.

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

3 Sterilisation and vasectomies

3.1 Women who had been sterilised

As in previous years, the 2003/04 Survey found that one in ten (11%) women aged 16–49 had been sterilised and a further three per cent had become sterile as a result of another operation.

The likelihood of a woman having been sterilised rose with age from only two per cent of women aged 16–29 to 17% aged 35–39 and then to 24% aged 45–49. Similarly, women in their forties were more likely than younger women to have become sterile as a result of another operation: seven per cent of women aged 40–44 and eight per cent of those aged 45–49 had become sterile in this way compared with one per cent of women in all other age groups.

Women who had been sterilised were asked whether the operation was performed by the NHS. Only a very small proportion, six per cent, of women who had been sterilised had had their operation carried out in a non-NHS hospital. **Table 17**

who were sterile was very similar. However, men aged 40 and over were more likely than women of the same age to have had an operation to become sterile: a quarter (26%) of men aged 40–44 and a third (33%) of those aged 45–59 had had a vasectomy compared with 17% and 24% of women in the same age groups who had had an operation to become sterile. Women, on the other hand, were more likely than men in these two age groups to have become sterile as a result of another operation (seven per cent of women aged 40–44 and eight per cent aged 45–49 compared with one per cent and fewer than one per cent of men in these age groups, respectively).

Men were more likely than women to have been sterilised outside the NHS. Overall, almost three in ten (29%) men aged 16–69 had had their vasectomy carried out in a non-NHS hospital. The likelihood of a man having a vasectomy performed outside of the NHS increased from the age of 50. Two-fifths or fewer men in the age groups 35–49 had had their vasectomy carried out in a non-NHS hospital compared with 31% of men aged 50–54 and 46% aged 55–64. **Table 18**

3.2 Men who had had a vasectomy

Once again the proportion of men who had had a vasectomy has remained constant over time: in 2003/04 the Survey found that 17% of men aged 16–69 had had a vasectomy and a further one per cent had become sterile as a result of another operation.

Men aged 40–64 were those most likely to have had a vasectomy. The likelihood of a man having had a vasectomy rose from three per cent of those aged 30–34 to 17% of 35- to 39-year-olds and then rose again to between a quarter and a third of men aged 40–64 (for example, 26% of men aged 40–44 and 33% of those aged 45–49). The likelihood of having a vasectomy then fell among men aged 65–69: only one in eight (12%) men in this age group had had a vasectomy.

When men and women aged 16–49 are compared the proportions who are sterile are very similar: 13% of men and 14% of women either had had an operation to become sterile or had become sterile as a result of another operation. Within each age group, in the range 16–49, the proportion of men and women

Table 17 Female sterilisation by age

<i>Women aged 16–49</i>													<i>Great Britain: 2003/04</i>	
Use of family planning services	Age					All								
	16–29	30–34	35–39	40–44	45–49	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98		
	%	%	%	%	%	%	%	%	%	%	%	%		
Whether been sterilised	2	5	17	17	24	11	11	10	11	12	12	11		
Organisation that carried out the sterilisation....*														
....NHS	[6]	[16]	97	93	97	94	94	92	91	96	92	91		
....not NHS	[6]	[-]	3	7	3	6	6	8	9	4	8	9		
Had another operation causing sterility	1	1	1	7	8	3	3	3	4	3	4	4		
<i>Bases</i>														
<i>All women</i>	<i>681</i>	<i>330</i>	<i>377</i>	<i>348</i>	<i>311</i>	<i>2047</i>	<i>2200</i>	<i>2079</i>	<i>1979</i>	<i>2194</i>	<i>1605</i>	<i>3357</i>		
<i>Women who had been sterilised</i>	<i>12</i>	<i>16</i>	<i>62</i>	<i>60</i>	<i>76</i>	<i>226</i>	<i>236</i>	<i>212</i>	<i>220</i>	<i>262</i>	<i>193</i>	<i>369</i>		

* Percentages based on those respondents who had been sterilised.

Table 18 Male vasectomy by age

Men aged 16–69

Great Britain: 2003/04

	Age								All						
	16–29	30–34	35–39	40–44	45–49	50–54	55–64	65–69	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Whether had vasectomy	1	3	17	26	33	27	29	12	17	18	15	17	17	16	17
Organisation that carried out the vasectomy* ...															
...NHS	[7]	[6]	82	88	79	69	54	[13]	71	69	66	66	68	59	63
...not NHS	[2]	[2]	18	12	21	31	46	[7]	29	31	34	34	32	41	37
Had another operation causing sterility	0	-	1	1	0	1	1	4	1	1	1	1	1	1	1
<i>Bases</i>															
<i>All men</i>	<i>645</i>	<i>236</i>	<i>290</i>	<i>280</i>	<i>236</i>	<i>261</i>	<i>433</i>	<i>163</i>	<i>2544</i>	<i>2928</i>	<i>2759</i>	<i>2543</i>	<i>2740</i>	<i>2079</i>	<i>4027</i>
<i>Men who had had a vasectomy</i>	<i>9</i>	<i>8</i>	<i>51</i>	<i>73</i>	<i>80</i>	<i>71</i>	<i>123</i>	<i>20</i>	<i>435</i>	<i>532</i>	<i>361</i>	<i>427</i>	<i>469</i>	<i>333</i>	<i>715</i>

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

4 Sexual behaviour and condom use

4.1 Sexual behaviour

The Omnibus Survey includes questions about sexual health in relation to HIV/AIDS and other sexually transmitted infections (STIs). Although detailed questions are thought to be inappropriate to this type of survey, more general questions on sexual behaviour have been included to provide background information for the interpretation of the data on condom use. In particular, it is possible to estimate the proportion of men in this survey who reported having sex with other men and also the number of individuals with multiple partners, these two groups being those most at risk of transmitting the HIV virus through unprotected sex.

Men aged 16–69 were asked which of the following statements best describes their situation:

1. I have had sex only with women.
2. I have had sex only with men.
3. I have usually had sex only with women but have had sex at least once with a man.
4. I have usually had sex only with men but have had sex at least once with a woman.
5. I have not (yet) had a sexual relationship.

The proportion of men who fell into each category has remained very similar since the question was first asked in 1997/98.

In 2003/04, as in previous years, more than nine in ten (92%) men aged 16–69 had only had sex with women. Only two per cent said that they only had sex with men, one per cent usually had sex with women but had had sex at least once with a man, and fewer than one per cent said that they usually have sex with men but have had sex at least once with a woman.

A twentieth (five per cent) of men aged 16–69 had not yet had a sexual relationship. The proportion of men who had not yet had a sexual relationship was highest among those aged under 20: three in ten (30%) men aged 16–19 had not yet had a sexual relationship, this proportion then fell to one in ten (10%) aged 20–24 before falling to three per cent or fewer men in all age groups aged 25 and over.

Table 19

Men aged 16–69 and women aged 16–49 were asked how many sexual partners they had had during the year prior to their

interview. Once again the findings of the 2003/04 survey are very similar to those of previous years. Around three-quarters of men aged 16–69 (74%) and women aged 16–49 (78%) had had only one sexual partner during the previous year. Eight per cent of men and seven per cent of women had had two or three sexual partners and a further four per cent of men and one per cent of women had had four or more sexual partners in the last year.

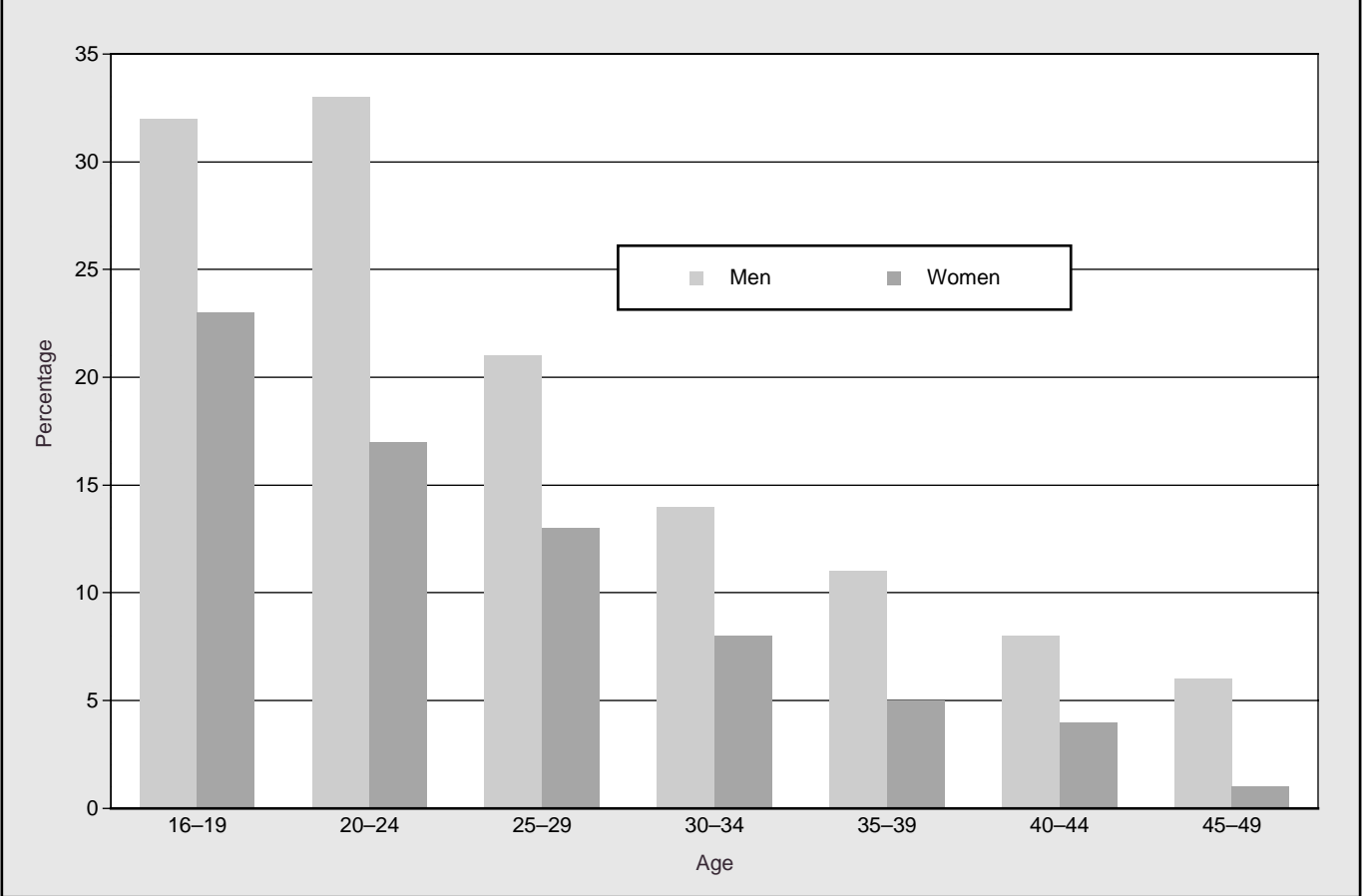
Slightly more than an eighth (13%) of both men aged 16–69 and women aged 16–49 had not had a sexual partner in the last year. Unsurprisingly, among both men and women, respondents aged 16–19 were those most likely not to have had a sexual partner: a third of both men and women aged 16–19 said that they had not had a sexual partner in the last year (34% and 35% respectively).

Within all age groups in the range 16–49, men were more likely than women to have had more than one sexual partner in the last year. For example, among respondents aged 20–24, men were almost twice as likely as women to have had multiple partners (33% compared with 17%). The likelihood of respondents having had multiple partners is associated with age and the pattern is very similar among men and women. Men and women aged 16–19 and 20–24 were those most likely to have had multiple partners and then from age 25 onwards this likelihood fell with age. For example, among men a third of respondents aged 16–19 (32%) and 20–24 (33%) had had multiple partners, this proportion then fell to a fifth (21%) of men aged 25–29 and then continued to fall to only six per cent of men aged 45–49.

Respondents who were single were more likely than those in the other marital status groups to have had multiple sexual partners in the last year: 32% of men and 21% of women who were single had had more than one sexual partner. Whereas, only a very small proportion of men and women who were married or cohabiting had had more than one sexual partner in the last year (three per cent and two per cent respectively). The likelihood of men and women who were widowed, divorced or separated to have had multiple sexual partners in the last year was lower than that for single respondents but higher than that for married or cohabiting respondents (24% and 13% of widowed, divorced or separated men and women respectively).

Respondents who were either single or widowed, divorced or separated were more likely not to have had a sexual partner than respondents who were married or cohabiting. Around three in ten men and women who were single or widowed, divorced or

Figure D Proportion of men and women who had had more than one sexual partner in the last year by age



separated had not had a sexual partner compared with only four per cent of men who were married or cohabiting and two per cent of women in this marital status group.

Table 20 and Figure D

4.2 Condom use

Men aged 16–69 and women aged 16–49 who were either currently in a sexual relationship or had been in one in the last year were asked whether they had used a condom during the year prior to their interview. Two-fifths (41%) of men aged 16–69 and half (50%) of women aged 16–49 had used a condom in the last year.

When men and women of the same age, 16–49, are compared the proportions who had used a condom in the last year were very similar: 52% of men and 50% of women. Among both men and women the use of condoms was associated with age: the proportion was highest among respondents in the younger age groups and fell with age. For example, among men, nineteen out of twenty (96%) aged 16–19 said that they had used a condom in the last year, this proportion then fell to three-quarters (74%) of men aged 20–24 and then continued to fall to only a third of men aged 40–44 and 45–49 (31% and 33% respectively). Although

the proportion of men who had used a condom was higher than the corresponding proportion of women in all age groups, except among respondents aged 35–39, the difference between men and women was found to be statistically significant only for those aged 16–19 and 25–29.

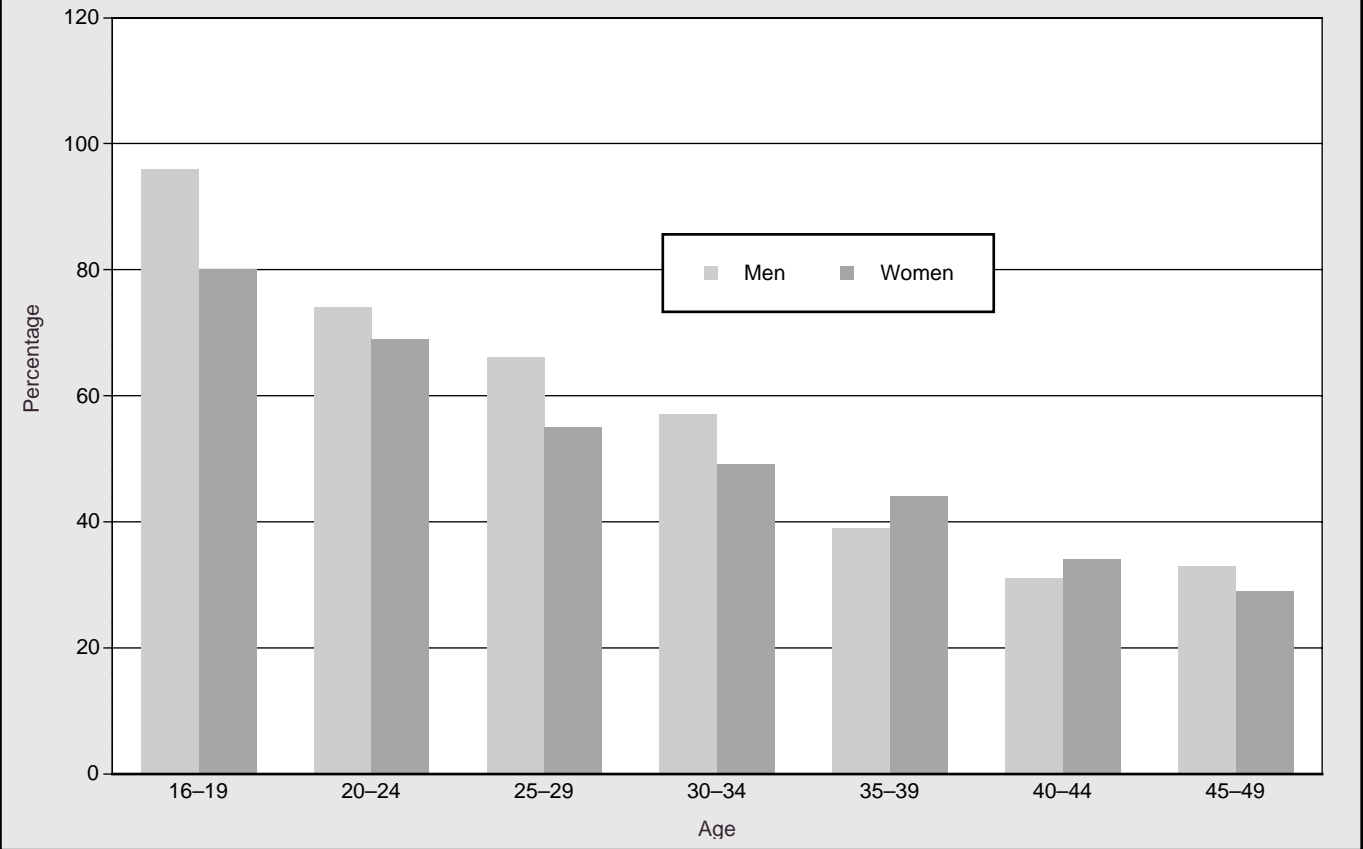
Respondents who had had more than one sexual partner were more likely than those who had only had one partner to have used a condom. Among men aged 16–69 those who had had multiple partners were more than twice as likely to have used a condom than men who had had one partner (79% compared with 35%). Similarly, among women, there was a large difference between those who had had multiple sexual partners and those who had had one partner (74% compared with 46%).

Table 21 and Figure E

Respondents who had used a condom in the last year were asked which, if any, of the following responses explained why they used a condom:

1. To prevent pregnancy.
2. To prevent infection.
3. To prevent pregnancy and infection.
4. Some other reason.

Figure E Proportion of men and women, who were either currently in a sexual relationship or had had a sexual relationship in the last year, who had used a male condom by age



Overall, nine in ten men and women had used a condom in the last year to prevent pregnancy. Half of men aged 16–69 and women aged 16–49 said that they had used a condom to prevent pregnancy (56% and 51% respectively) and a further third (34%) of men and two-fifths (40%) of women said that they had used a condom to prevent both pregnancy and infection. Only seven per cent of men aged 16–69 and six per cent of women aged 16–49 had used a condom in the previous year primarily to prevent infection.

Similar proportions of respondents within each age group were using a condom to prevent pregnancy (including those who said that they used a condom to prevent infection as well as pregnancy). However, the proportion that said that their main reason was just to prevent pregnancy and not to prevent infection as well rose with age among both men and women. This pattern is clearest among women: the proportion that answered “to prevent pregnancy” rose from 18% among those aged 16–19 to 32% aged 20–24 and then again to 50% among respondents aged 25–29 before then remaining relatively stable at around two-thirds of women in the age groups 30–49. Conversely, the proportion of respondents who said that their main reason for using a condom was to “prevent pregnancy and infection” fell with age. Among women, for example, this proportion fell from

71% of those aged 16–19 to 42% aged 25–29 and then fell again to less than a third of women aged 30–49. An explanation for this pattern may be that respondents in the younger age groups were more likely to have had multiple partners in the last year and therefore be in more danger of contracting sexually transmitted infections (STIs) than respondents in the older age groups.

Table 22

Men and women who had used a condom during the year prior to their interview were asked how often they used a condom when they had sex. Fifty-six per cent of men aged 16–69 and 64% of women aged 16–49 said that they always used a condom when they had sex, 16% of men and 13% of women said that they usually used a condom and around a quarter of both men and women only sometimes used a condom (28% and 23% respectively).

When men and women of the same age, 16–49, are compared women were more likely than men to say that they always use a condom (64% compared with 55%). However, although the proportion of women who always used a condom was higher than the corresponding proportion of men in all age groups (with the exception of those aged 16–19 and 20–24) the differences between the proportions were found not to be

statistically significant. This pattern was reversed for men and women who said that they sometimes used a condom, and once again the differences were found not to be statistically significant.

Although respondents who had had more than one sexual partner were more likely to have used a condom in the last year it did not necessarily follow that they had used a condom more regularly than those who had had one sexual partner. Whilst men and women who had had at least two sexual partners were more likely than those who had had one sexual partner in the last year to say that they had usually used a condom (22% compared with 14% of men and 27% compared with 10% of women) this pattern was not found among those who said that they had always used a condom. Among men the likelihood of a respondent saying that they had always used a condom was the same (56%) among those who had had one sexual partner and those who had had more than one sexual partner during the last twelve months. Women, on the other hand, were less likely to say that they had always used a condom if they had had more than one sexual partner than if they had had one sexual partner (54% compared with 65%). Men who had had one sexual partner were more likely than those who had had at least two sexual partners to say that they had only sometimes used a condom (30% compared with 22%), whilst among women the proportion who had only sometimes used a condom was very similar between the two groups (24% of women who had had one sexual partner and 20% of those who had had two or more sexual partners).

Table 23

Table 19 Sexual partners of men by age

Men aged 16-69

Great Britain: 2003/04

Which of the following best describes your situation?	Age								All						
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-69	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Sex only with women	67	85	94	94	94	95	97	97	92	93	92	93	93	91	92
Sex only with men	2	2	1	3	2	2	0	1	2	1	2	2	1	1	2
Usually with women but at least once with a man	0	2	1	-	2	1	2	0	1	1	1	1	1	1	1
Usually with men but at least once with a woman	-	1	1	0	0	0	0	0	0	0	1	1	0	1	1
No sexual relationship yet	30	10	3	3	1	2	1	1	5	5	5	3	5	6	5
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
<i>Base</i>	<i>214</i>	<i>214</i>	<i>205</i>	<i>233</i>	<i>291</i>	<i>277</i>	<i>236</i>	<i>852</i>	<i>2522</i>	<i>2913</i>	<i>2735</i>	<i>2533</i>	<i>2732</i>	<i>2074</i>	<i>4192</i>

Table 20 Number of sexual partners in the previous year by (a) age and sex, and (b) marital status and sex

Men aged 16–69 and women aged 16–49

Great Britain: 2003/04

Number of sexual partners	Age									Marital status			All						
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	65–69	Single	Married/ co-habiting	Widowed, divorced or separated	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Men																			
None	34	16	7	7	4	8	7	14	22	30	4	34	13	15	13	12	14	15	14
One	34	51	71	79	84	84	86	81	77	38	93	43	74	74	74	75	74	73	75
Two or three	21	19	12	9	8	5	5	4	1	20	2	18	8	8	9	9	9	9	8
Four or more	11	13	10	4	3	2	2	1	-	12	1	5	4	4	4	4	3	4	3
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Women																			
None	35	11	8	8	10	12	16	nc	nc	27	2	32	13	12	11	11	13	12	12
One	42	72	80	84	85	85	82	nc	nc	52	96	56	78	80	81	79	78	80	80
Two or three	18	16	10	8	4	3	1	nc	nc	18	1	10	7	6	8	8	7	7	6
Four or more	5	2	3	1	1	0	-	nc	nc	3	0	2	1	1	1	2	2	2	1
Total	100	100	100	100	100	100	100	nc	nc	100	100	100	100	100	100	100	100	100	100
<i>Bases</i>																			
Men	222	215	206	234	290	276	236	679	162	674	1657	182	2520	2908	2737	2415	2731	2077	4205
Women	185	223	262	328	373	345	306	nc	nc	598	1207	213	2022	2182	2057	1803	2181	1601	3357

nc not collected.

Table 21 Use of condoms in the previous year by (a) age and sex, and (b) number of sexual partners and sex

Men aged 16–69 and women aged 16–49 and currently in a sexual relationship or had in one in the last 12 months *Great Britain: 2003/04*

	Age									Number of partners		All			
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	65–69	One	Two or more	2003/04	2002/03	2001/02	2000/01
<i>Percentage using a condom in the previous year</i>															
Men	96	74	66	57	39	31	33	21	7	35	79	41	39	41	40
Women	80	69	55	49	44	34	29	nc	nc	46	74	50	47	49	48
<i>Bases</i>															
Men	146	179	192	218	281	258	219	590	128	1876	318	2211	2496	2385	2248
Women	121	196	218	265	267	203	179	nc	nc	1263	164	1449	1534	1470	1429

nc not collected.

Table 22 Reasons for using a condom by age and sex

Men aged 16–69 and women aged 16–49 currently in a sexual relationship or had one in the last 12 months and had used a male condom during the last year *Great Britain: 2003/04*

Why do you use a condom?	Age									All			
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2003/04	2002/03	2001/02	2000/01	
	%	%	%	%	%	%	%	%	%	%	%	%	
Men													
Prevent pregnancy	41	44	53	68	69	69	58	55	56	56	58	54	
Prevent infection	5	7	9	7	5	6	8	8	7	4	6	5	
Both reasons	54	48	36	22	23	18	28	27	34	36	32	38	
Other reason	-	1	2	3	3	6	6	10	4	4	3	3	
Total	100	100	100	100	100	100	100	100	100	100	100	100	
Women													
Prevent pregnancy	18	32	50	64	68	69	67	nc	51	55	55	55	
Prevent infection	7	7	5	3	8	10	2	nc	6	6	3	4	
Both reasons	71	59	42	29	22	16	31	nc	40	36	36	37	
Other reason	4	3	3	3	2	6	-	nc	3	4	6	5	
Total	100	100	100	100	100	100	100	nc	100	100	100	100	
<i>Bases</i>													
Men	139	133	126	123	110	78	71	133	913	971	987	897	
Women	96	136	119	129	118	70	52	nc	720	720	728	682	

nc not collected.

Table 23 Regularity of condom use by (a) age and sex, and (b) number of sexual partners and sex

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

Great Britain: 2003/04

How regularly do you use a condom?	Age								Number of partners		All			
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	One	More than one	2003/04	2002/03	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Men														
Always	67	55	47	51	56	56	49	62	56	56	56	58	59	55
Usually	11	20	17	17	17	14	15	16	14	22	16	19	18	20
Sometimes	21	24	36	32	27	30	35	22	30	22	28	23	23	25
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Women														
Always	63	66	55	62	65	69	77	nc	65	54	64	60	54	60
Usually	10	10	14	15	15	13	13	nc	10	27	13	13	19	15
Sometimes	27	24	31	23	20	19	10	nc	24	20	23	27	27	25
Total	100	100	100	100	100	100	100	nc	100	100	100	100	100	100
<i>Bases</i>														
Men	141	132	125	123	109	77	71	133	657	252	911	965	983	895
Women	97	134	120	130	117	70	52	nc	586	123	720	718	723	677

nc not collected.

5 Knowledge of sexually transmitted infections

All men aged 16–69 and women aged 16–49 who were either currently in a sexual relationship or had been in the last twelve months were asked whether what they had heard about HIV and AIDS and other sexually transmitted infections (STIs) had influenced their behaviour. They were shown the following response categories and asked to choose which answer (or answers) applied:

1. When I have sexual intercourse I use a condom more often than I used to.
2. I have fewer one night stands.
3. When I change partners I have a test for sexually transmitted infections.
4. It has not influenced me at all.

The majority of respondents, around two-thirds of men aged 16–69 and women aged 16–49 (67% and 63% respectively), said that what they had heard about HIV, AIDS and other STIs had not influenced their behaviour at all. However, almost three in ten men (27%) and women (29%) said that what they had heard had influenced them to use a condom more often. Six per cent of both men and women said that they have fewer one night stands and three per cent of men aged 16–69 and seven per cent of women aged 16–49 have a test for STIs when they change partners.

There was a clear association between age and the likelihood of a respondent's behaviour to have been influenced by what they had heard about HIV, AIDS and other STIs. Younger respondents were those whose behaviour was most likely to have been influenced by what they had heard. The proportion who had been influenced fell from two-thirds of men and women aged 16–19 (66% and 64% respectively) to less than a quarter of those aged 40 and over (22% of men aged 45–49 and 17% of women of the same age).

Women aged under 30 were at least twice as likely as those aged 30 and over to have been influenced to have a test for STIs when they change partners (15% of women aged 20–24 compared with five per cent aged 35–39, for example). This pattern was not found among men. Although it would appear that among respondents aged under 30, women were more likely than men in each of the age groups to have been influenced in this way the difference between the proportions was only found to be statistically significant among those aged 20–24 (15% of women compared with four per cent of men).

Respondents who had only one sexual partner in the year before interview were around three times as likely to say that they had not been influenced by what they had heard about HIV, AIDS and STIs than those who had had more than one partner. For example, among men aged 16–69, three-quarters (74%) of men who had had one sexual partner said that they had not been influenced by what they had heard compared with a quarter (26%) of those who had had more than one partner in the last year. Consequently, respondents who had had multiple sexual partners in the last year were more likely, than those who had had one partner, to have been influenced in at least one of the three ways mentioned. Respondents who had had multiple partners were at least twice as likely than those who had one partner to say that they had been influenced to use a condom (among women, for example, 58% compared with 25%). Similarly, men who had had multiple partners were three times and women four times as likely to now have fewer one night stands than those who had had one partner (18% compared with five per cent among men, and 16% compared with four per cent among women). Women who had had multiple partners were three times as likely and men twice as likely to now have a test for STIs when they changed partners than respondents who had had one partner (15% compared with five per cent among women and six per cent compared with three per cent among men).

Table 24

The Omnibus Survey has asked respondents since 1997/98 from which source they have learnt most about HIV/AIDS and other STIs. The most popular source remains television programmes and in 2003/04 a third (33%) of men aged 16–69 and women aged 16–49 said this was their main source of information. However, there has been a gradual fall since 1997/98 in the proportion of respondents giving this answer: the proportion has fallen from two-fifths (40%) in 1997/98 to 37% in 2000/01 and then continued to fall to only 33% in 2003/04.

The second most popular source of information about HIV/AIDS and other STIs was television advertisements (24%) followed by newspapers, magazines and books (22%) and then school or college (eight per cent). Three per cent or fewer respondents said that any of the other sources listed were their main source of information: friends or family (three per cent), government information leaflets (two per cent), GP (two per cent), family planning clinic (one per cent), GUM or sexual health clinic in hospital (one per cent), and the internet (one per cent).

Unsurprisingly, younger respondents were those most likely to say that their main source of information was school or college: a third (33%) of men and women aged under 25 gave this answer. Consequently, such a large proportion of respondents within this age group answering “school or college” has an effect upon the distribution of their answers across the other answers. Therefore apparent differences between the age groups where the proportion of respondents aged 16–24 giving each answer is much smaller than the corresponding proportions for the other age groups can largely be explained by the increased likelihood among the younger respondents to have said that their main source of information was from school or college (for example, only 18% of 16- to 24-year-olds said that their main source of information was television programmes compared with 35% of respondents aged 25–49). However, respondents aged 16–24 were also more likely, than older respondents to say that their main source of information about HIV/AIDS and other STI was their family or friends: 16- to 24-year-olds were three times more likely than those aged 25–49 and 50–69 to give this answer (seven per cent compared with two per cent of respondents in the older two age groups).

Table 25

All respondents were shown the following list of diseases and asked which, if any, were sexually transmitted infections:

1. Tuberculosis
2. Gonorrhoea
3. Listeria
4. Chlamydia
5. Diabetes
6. None of these

(Of the diseases in this list only Gonorrhoea and Chlamydia are sexually transmitted infections).

Of the two STI within the list, Gonorrhoea continues to be recognised by a larger proportion of respondents than Chlamydia: nine in ten men aged 16–69 and women aged 16–49 knew that Gonorrhoea is a STI (90% and 89% respectively). However, for the first time since the question was first asked in 2000/01 the proportion of women who recognised Chlamydia as a STI was almost the same as that of women who recognised Gonorrhoea as a STI (87% and 89% respectively).

Women continue to be more likely than men to know that Chlamydia is a STI, both overall and within each age group (with the exception of those aged 25–29 where the difference was found not to be statistically significant). Almost nine in ten (87%) women recognised Chlamydia as a STI compared with just over two thirds (67%) of men aged 16–69. For both men and women the proportion recognising Chlamydia as a STI has continued to rise steadily every year since 2000/01. Among men aged 16–69

this proportion has almost doubled during this period from only 35% in 2000/01 to 67% in 2003/04, whilst among women the proportion has risen from 65% to 87% during the same period.

The proportion of respondents incorrectly identifying Tuberculosis, Listeria or Diabetes as STIs has remained constant at three per cent or fewer since 2000/01.

Among both men and women those aged 30 and over were more likely than younger respondents to recognise Gonorrhoea as a STI.¹ For example, among men the proportion recognising Gonorrhoea rose from 73% 16-19 year olds to 93% of those aged 45–49. Within each age group the proportions of men and women, who knew that Gonorrhoea was a STI, was very similar (with the exception of those aged 16–19, among whom women were more likely than men to recognise Gonorrhoea as a STI).

The likelihood of a respondent knowing that Chlamydia is a STI appears to fall with age. Among men, respondents aged under 30 were more likely than those aged 40 and over to recognise Chlamydia as a STI. Furthermore, among men, the proportion recognising Chlamydia fell sharply after the age of 40 from 71% of those aged 40–44 to 60% aged 45–49 and then fell to only slightly more than half (52%) of men aged 50–69. Among women the pattern is similar although the differences between the proportions of those aged under 30 who recognised Chlamydia and those aged 40 and over are not all statistically significant and there is not the same rapid fall in the size of proportions from age 40 onwards.

Table 26 and Figure F

Respondents who recognised Chlamydia as a STI were then shown the following statements and asked which, if any, are true:

True

1. Chlamydia does not always cause symptoms.
2. Chlamydia is easily treated with antibiotics.
3. Chlamydia can cause infertility and ectopic pregnancy if untreated.

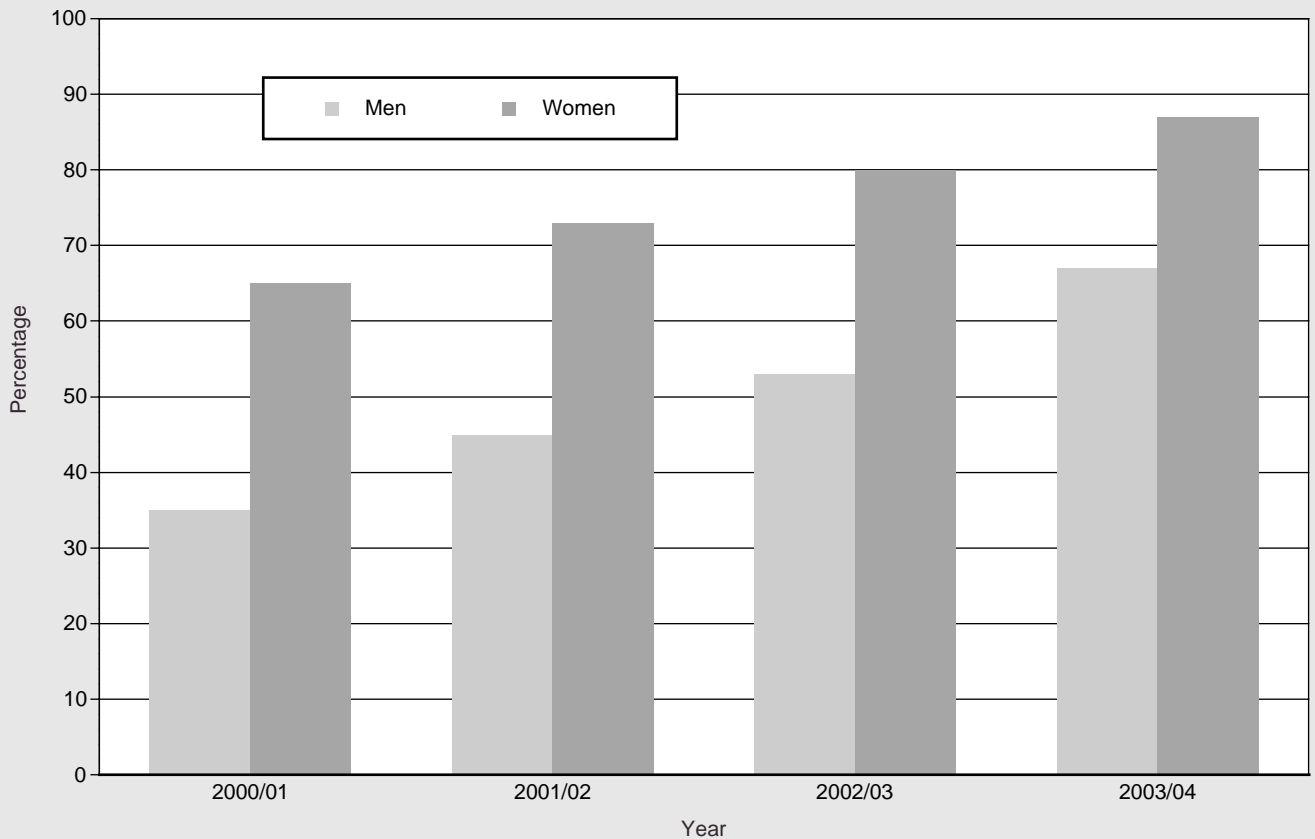
False

4. Chlamydia has no serious side effects.
5. Chlamydia only affects men.
6. None of these

(The answer categories were ordered differently within the questionnaire, see Appendix B for the question layout as presented to the respondent.)

Overall, men aged 16–69 and women aged 16–49 were most likely to correctly answer that the statement “Chlamydia can cause ectopic pregnancy if untreated” was true (80% and 86% respectively). Slightly more than half (56%) of men and three-

Figure F Proportion of men aged 16–69 and women aged 16–49 who recognised Chlamydia to be a sexually transmitted infection by year



quarters (76%) of women knew that the statement “Chlamydia does not always cause symptoms” was true and a half (52%) of men and three-fifths (60%) of women said that the statement “Chlamydia is easily treated with antibiotics” was true. Only four per cent of men and five per cent of women incorrectly thought the statement “Chlamydia has no serious side effects” was true and two per cent of men and one per cent of women incorrectly said the statement “Chlamydia only affects men” was true.

The proportion of both men and women who correctly identified the statement “Chlamydia is easily treated with antibiotics” as true has fallen slightly compared with the same proportions in 2001/02 and 2002/03. However, the proportions of men and women giving this answer in 2003/04 are very similar to those recorded in 2000/01, therefore suggesting little change over time.

On the whole there was very little difference, for both men and women, between age and the likelihood to agree that each statement was true. The exception to this being among men and the likelihood to agree that the statement “Chlamydia does not always cause symptoms” is true. Men aged 16–19 were less likely than men in all other age groups to think that this statement is true: only two-fifths (40%) of 16- to-19-year-olds said that the

statement “Chlamydia does not always cause symptoms” is true compared with between a half and three-fifths of men in all other age groups.

Table 27

Note

1. The difference between the proportion of men aged 25–29 and those aged 30–34 and the difference between the proportion of women aged 25–29 and those aged 35–39 who recognised Gonorrhoea as a STI were found not to be statistically significant.

Table 24 Whether what the respondent has heard about HIV/AIDS and other sexually transmitted infections influenced their behaviour by (a) age and sex, and (b) number of sexual partners in the past year and sex

Men aged 16–69 and women aged 16–49 and currently in a sexual relationship or had in one in the last 12 months Great Britain: 2003/04

	Age								Number of partners		All			
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	One	Two or more	2003/04	2002/03	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Men														
When I have sexual intercourse I use a condom more often than I used to	55	52	41	35	27	22	17	12	21	58	27	24	29	26
I have fewer one night stands	9	9	11	8	8	6	3	4	5	18	6	7	6	7
When I change partners I have a test for sexually transmitted infections	4	4	10	5	4	2	2	1	3	6	3	2	2	3
It has not influenced me at all	34	40	47	56	63	72	78	85	74	26	67	69	65	67
Women														
When I have sexual intercourse I use a condom more often than I used to	53	49	35	35	20	15	14	nc	25	58	29	27	30	29
I have fewer one night stands	7	8	11	6	4	4	2	nc	4	16	6	6	7	7
When I change partners I have a test for sexually transmitted infections	10	15	13	3	5	3	2	nc	5	15	7	6	5	5
It has not influenced me at all	36	35	47	60	75	81	83	nc	67	23	63	64	62	63
<i>Bases*</i>														
<i>Men</i>	149	179	189	217	275	253	218	697	1849	317	2177	2453	2350	2217
<i>Women</i>	120	199	233	294	322	288	245	nc	1513	176	1702	1858	1809	1627

nc not collected.

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

Table 25 Source of information respondent learnt most about HIV/AIDS and other sexually transmitted infections by (a) sex, and (b) age

Men aged 16–69 and women aged 16–49

Great Britain: 2003/04

Main source of information about HIV/AIDS and other STIs	Sex		Age			All						
	Men	Women	16–24	25–49	50 and over*	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%
TV programmes	34	31	18	35	38	33	35	36	37	38	39	40
TV advertisements	26	21	16	25	25	24	23	23	27	22	23	22
Newspapers, magazines, books	22	22	15	23	27	22	22	21	22	23	22	24
Government information leaflet	2	2	1	3	2	2	2	3	2	4	4	4
Friends or family	2	3	7	2	2	3	2	3	3	3	3	2
GP	1	3	3	2	1	2	1	2	1	1	1	1
Family planning clinic	0	2	2	1	-	1	1	1	1	1	1	1
GUM or sexual health clinic in hospital	1	1	1	1	0	1	1	1	1	1	0	1
Internet†	1	1	1	1	1	1	1	0				
School or college†	7	8	33	3	0	8	6	6				
Somewhere else	4	5	3	5	5	5	5	5	7	8	7	7
Total	100	100	100	100	100	100	100	100	100	100	100	100
Base	2538	2049	852	2881	851	4584	5108	4827	4505	4913	3684	7552

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

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

Table 26 Diseases respondents thought were sexually transmitted infections by age and sex

<i>Men aged 16–69 and women aged 16–49</i>									<i>Great Britain: 2003/04</i>			
Diseases	Age								All			
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2003/04	2002/03	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%
Men												
<i>Sexually transmitted infections</i>												
Gonorrhoea	73	78	85	90	93	93	93	95	90	89	86	87
Chlamydia	79	79	84	78	73	71	60	52	67	53	45	35
<i>Not sexually transmitted infections</i>												
Tuberculosis	5	5	4	2	2	3	0	2	3	2	2	2
Listeria	5	3	4	2	1	2	3	5	3	3	3	3
Diabetes	3	-	-	-	-	-	1	1	1	0	0	0
<i>None of these</i>	7	6	7	5	3	4	6	4	5	7	10	8
Women												
<i>Sexually transmitted infections</i>												
Gonorrhoea	84	79	86	94	91	93	95	nc	89	88	86	87
Chlamydia	90	88	90	89	87	83	83	nc	87	80	73	65
<i>Not sexually transmitted infections</i>												
Tuberculosis	2	2	1	1	2	1	1	nc	1	2	1	2
Listeria	3	3	4	2	4	2	2	nc	3	3	2	2
Diabetes	1	-	0	0	0	0	0	nc	0	1	0	0
<i>None of these</i>	4	3	6	2	2	4	2	nc	3	5	7	8
<i>Bases*</i>												
<i>Men</i>	213	215	198	232	282	276	230	844	2491	2827	2646	2494
<i>Women</i>	188	229	260	328	375	342	305	nc	2028	2139	2020	1922

nc not collected

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

Table 27 Knowledge of Chlamydia by age and sex

Men aged 16–69 and women aged 16–49

Great Britain: 2003/04

Knowledge of chlamydia	Age								All							
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2003/04	2002/03	2001/02	2000/01	1999/2000	1998/99	1997/98	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Men																
Did not recognise Chlamydia as a sexually transmitted infection*	21	21	16	22	27	29	40	48	33	47	55	65				
Men who knew Chlamydia was a sexually transmitted infection and agreed that Chlamydia:†																
....Does not always cause symptoms	40	59	58	61	59	63	61	53	56	60	60	58	62	69	46	
....Is easily treated by antibiotics	41	51	49	55	51	58	53	55	52	58	58	56	60	61	46	
....Can cause infertility and ectopic pregnancy	77	80	84	89	87	74	80	74	80	78	74	75	79	77	62	
....Has no serious side effects	3	2	4	3	5	6	5	4	4	5	7	5	5	8	8	
....Only affects men	6	0	2	2	2	2	2	3	2	2	3	3	0	0	0	
None of these	7	7	1	4	3	3	5	7	5	5	5	7				
Women																
Did not recognise Chlamydia as a sexually transmitted infection*	10	12	10	11	13	17	17	nc	13	20	27	35				
Women who knew Chlamydia was a sexually transmitted infection and agreed that Chlamydia:†																
....Does not always cause symptoms	69	77	83	80	75	76	70	nc	76	73	75	71	75	71	56	
....Is easily treated by antibiotics	54	51	63	61	61	66	56	nc	60	67	65	59	68	74	62	
....Can cause infertility and ectopic pregnancy	85	87	90	90	85	87	82	nc	86	82	84	83	87	89	71	
....Has no serious side effects	3	7	3	4	4	6	7	nc	5	6	6	5	6	6	6	
....Only affects men	2	1	1	1	1	1	2	nc	1	1	2	1	1	0	6	
None of these	2	2	1	1	2	2	3	nc	2	3	1	4				
<i>Bases**</i>																
All men aged 16–69	213	215	198	232	282	276	230	844	2491	2827	2647	2493				
All women aged 16–49	188	229	260	328	375	342	305	nc	2028	2139	2021	1922				
Respondents who knew Chlamydia was a sexually transmitted infection:																
Men	157	151	155	165	190	182	114	372	1485	1335	1033	804	437	264	547	
Women	167	198	223	287	310	267	245	nc	1696	1623	1396	1189	916	540	1141	

nc not collected.

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

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

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

Appendix A

The ONS Omnibus Survey

The Omnibus Survey is a multi-purpose survey carried out by the Office for National Statistics for use by Government departments and other public or non-profit making bodies. Interviewing is carried out during eight months of the year (two months every quarter) and each month's questionnaire covers a variety of topics, reflecting different user's requirements.

The sample

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

Within households with more than one adult, one person aged 16 or over is randomly selected for interview. No proxy interviews are taken.

Weighting

Because only one household member is interviewed at each address, people in households containing few adults have a higher probability of selection than those in households with many. Where the unit of analysis is individual adults, as it is for this module, a weighting factor is applied to correct for this unequal probability of selection.

Fieldwork

Interviews are carried out face-to-face by interviewers trained to carry out a range of ONS surveys. The Omnibus Survey uses computer assisted interviewing which has well documented effects on the quality of the data.

Response Rates

The small users' Postal Address File includes some business addresses and other addresses, such as new and empty properties, at which no private households are living. The expected proportion of such addresses, which are classified as ineligible is about 11–12%. This figure is removed before the response rate is calculated.

The response rate for the Survey for the four months (June, September and November 2003, and March 2004) in which the contraception and sexual health questions were asked was 66% as shown in Table A.1.

Table A.1 Household level response of the Omnibus Survey for the months in which the contraception and sexual health questions were asked (June, September and November 2003 and March 2004)

Set sample	12,000	100%
Ineligible addresses	1,025	9%
Eligible addresses	10,975	100%
Refusals	2,587	24%
Non-contacts	1,130	10%
Respondents	7,258	66%

Questions on contraception and sexual health were only asked of women aged under 50 and men aged under 70. Table A.2 shows that 92% of eligible respondents answered these questions.

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

	All		Men		Women	
Respondents who met the Criteria	4,663	100%	2,575	100%	2,088	100%
Respondents who refused the section	352	8%	220	9%	132	6%
Respondents to the section	4,311	92%	2,355	91%	1,956	94%
Respondents to the section after weighting	4,599		2,544		2,055	

Distribution of key respondent characteristics

Figure A.1 Age of respondent by sex

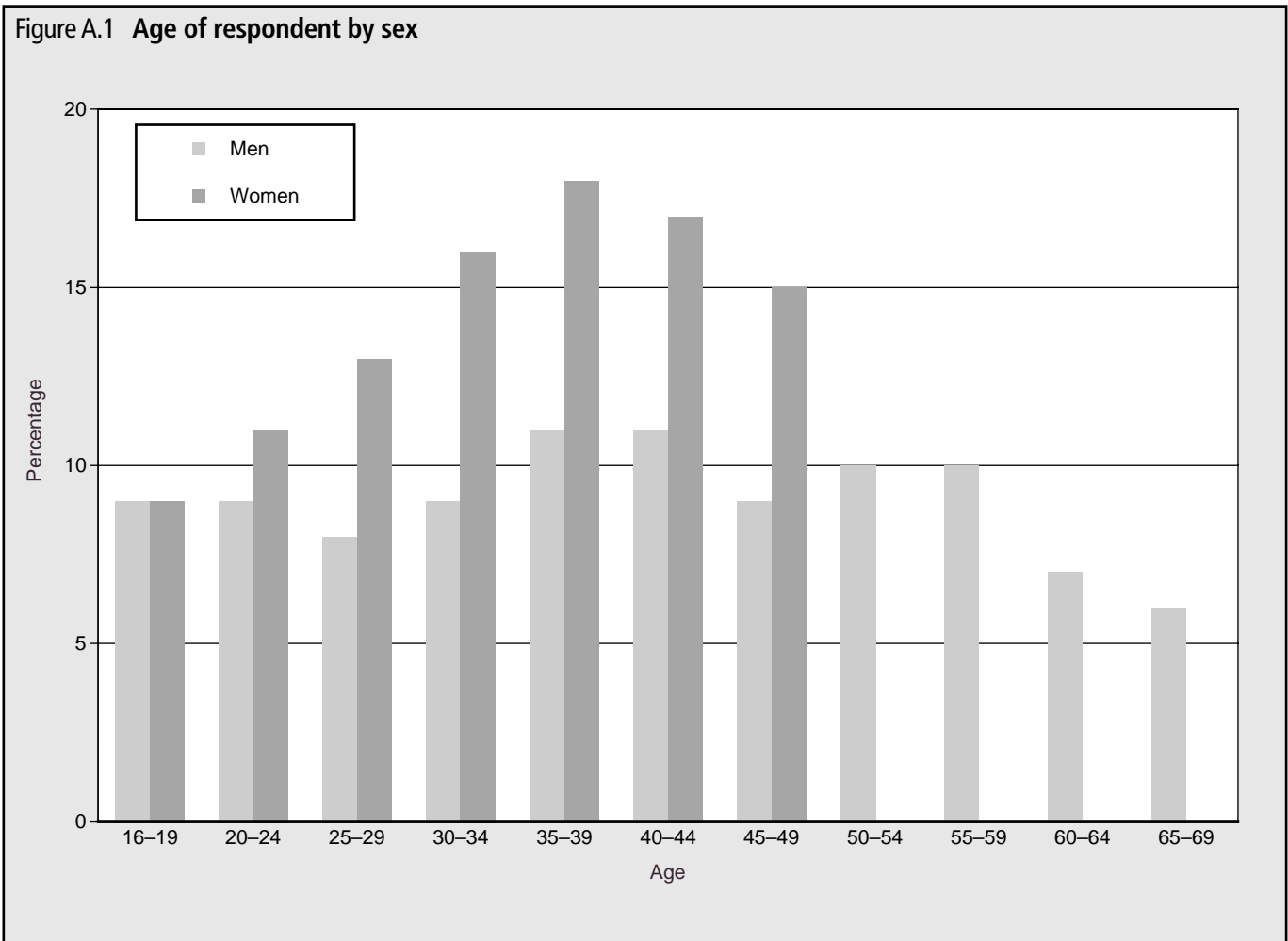
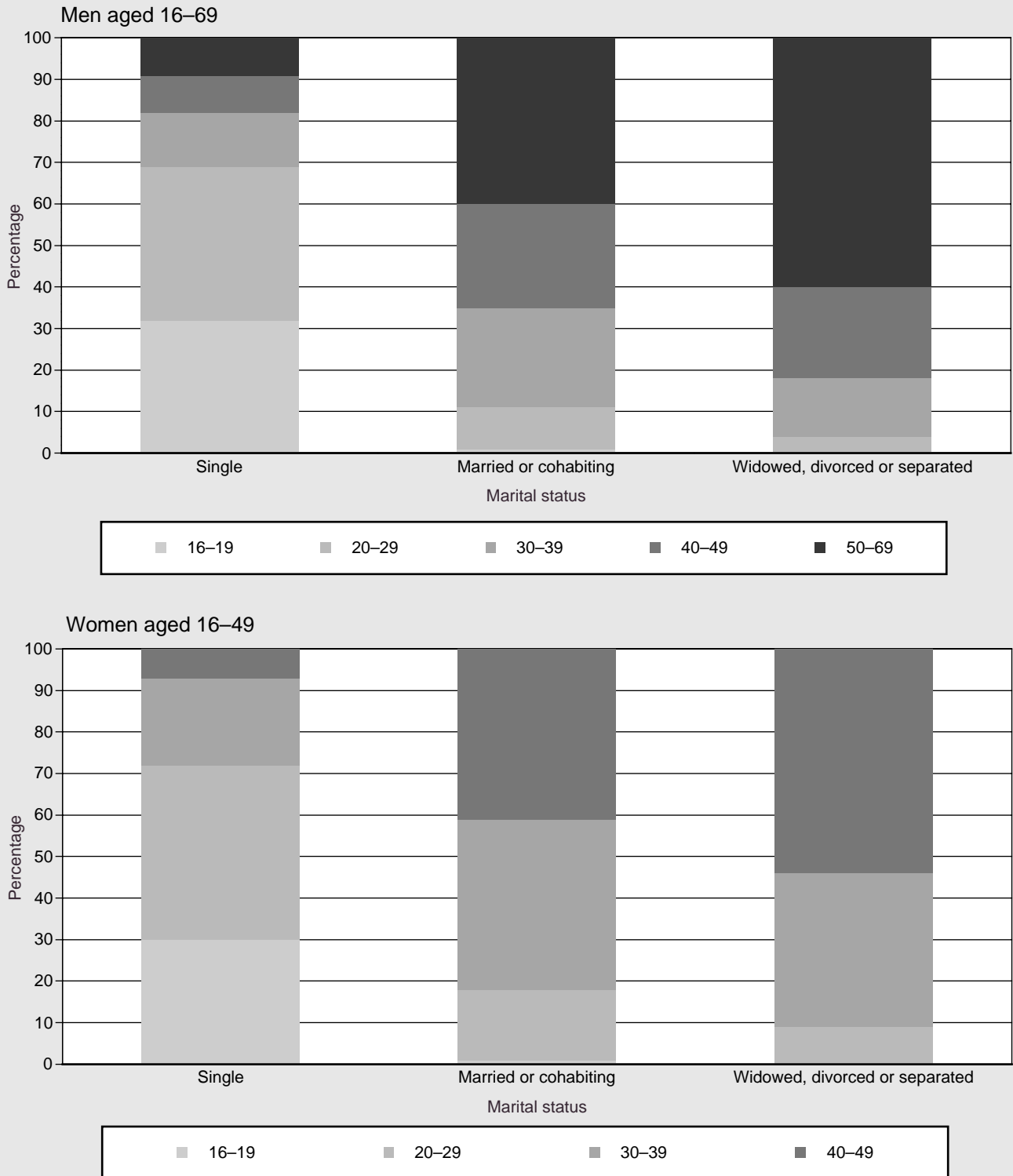


Figure A.2 Age distribution within marital status groups by sex



Appendix B

The questions

ASK IF: Men under 70 OR women under 50

Intro

The next set of questions are for you to fill in yourself on the computer. I will show you how to answer the first two questions and then be here if you need any help.

This section is being asked on behalf of the Department of Health and begins with ways of preventing pregnancy.

EXPLAIN THAT INSTRUCTIONS WILL APPEAR ON THE SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH THE INFORMANT. IF THE INFORMANT MAKES A MISTAKE TAKE HIM/HER BACK TO THE QUESTION AND ALLOW HIM/HER TO KEY IN THE RIGHT ANSWER. IF RESISTANCE/DISTRESS ABOUT USING THE COMPUTER THEN YOU CAN SUGGEST THAT YOU CARRY ON ASKING THE QUESTIONS

- (1) Self-completion accepted and completed
- (2) Completed by interviewer
- (3) Section refused

ASK IF: Men under 70 OR women under 50

AND: Elected self-completion

Pract1

This is the first time I have used a computer

- (1) Yes
- (2) No

ASK IF: Men under 70 OR women under 50

AND: Elected self-completion

Pract2

On which days of the week do you watch television?

SET [9] OF

- (1) Monday
- (2) Tuesday
- (3) Wednesday
- (4) Thursday
- (5) Friday
- (6) Saturday
- (7) Sunday
- (8) I do not have a television/Don't watch the television
- (9) I mostly only listen to the radio

ASK IF: Men under 70 OR women under 50

M170_1

Have you had a vasectomy?/

Have you ever been sterilised - I mean have you ever had an operation intended to prevent you getting pregnant?
(DO NOT INCLUDE HYSTERECTOMIES)

- (1) Yes
- (2) No

ASK IF: Men under 70 OR women under 50

AND: Has had an operation to prevent pregnancy

M170_2

Was that operation carried out under the NHS or not?

- (1) Yes
- (2) No

ASK IF: Men under 70 OR women under 50

AND: Has had an operation to prevent pregnancy

M170_3

Was the operation more or less than two years ago, that is before or after June 2001?

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

ASK IF: Men under 70 OR women under 50

AND: NOT (has had an operation to prevent pregnancy)

M170_4

Have you had any other operation which prevents you getting someone pregnant / becoming pregnant?

- (1) Yes
- (2) No

ASK IF: Men under 70 or women under 50

AND: NOT (Has had an operation to prevent pregnancy)

AND: Had other operation preventing pregnancy

M170_5

Was the operation more or less than two years ago, that is before or after June 2001

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

ASK IF: Women under 50

AND: No operation

M170_6M

SHOWCARD C170.6

Here is a list of possible ways of preventing pregnancy. Which, if any, do you (and your partner) usually use at present?

SET [3] OF

- (1) No method used – no sexual relationship with someone of the opposite sex
- (2) No method used – partner sterilised / had a vasectomy
- (3) No method used – other reasons
- (4) Withdrawal
- (5) Male sheath/condom
- (6) Safe period/rhythm method/Persona
- (7) Cap/Diaphragm
- (8) Pill
- (9) IUD/coil/intra-uterine device
- (10) Hormonal IUS – MIRENA
- (11) Foams/gels/sprays/pessaries (spermicides)
- (12) Going without sexual intercourse to avoid pregnancy
- (13) Female condom
- (14) Injections/implants
- (15) Emergency contraception (morning after pill)
- (16) Another method

ASK IF: Women under 50

AND: No operation

AND: Used another method

SPEC6

What other method is used?

ASK IF: Women under 50

AND: No operation

AND: Used the pill

M170_7

SHOWCARD C170.7

Is the pill you take one of the brands listed here: (Micronor, Noriday, Femulem, Microval, Norgesten, Neogest?)

These are progestogen only pills (sometimes known as the mini- pill) as opposed to combined pills.

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

ASK IF: Women under 50

AND: No operation

AND: More than one method used

M170_8

You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes the other?

- (1) In combination
- (2) Sometimes one, sometimes other

ASK IF: Women under 50

AND: No operation

AND: More than one method used

AND: Sometimes one, sometimes other

M170_9

SHOWCARD C170.9

Which one do you use most often?

- (4) Withdrawal
- (5) Male sheath/condom
- (6) Safe period/rhythm method/Persona
- (7) Cap/Diaphragm
- (8) Pill
- (9) IUD/coil/intra-uterine device
- (10) Hormonal IUS – MIRENA
- (11) Foams/gels/sprays/pessaries (spermicides)
- (12) Going without sexual intercourse to avoid pregnancy
- (13) Female condom
- (14) Injections/implants
- (15) Emergency contraception (morning after pill)
- (16) Another method

ASK IF: Women under 50

AND: No operation

AND: Have a heterosexual relationship

M170_10

How long have you not been using a method / has this method been your usual one / have these methods been your usual ones?

- (1) Less than 3 months
- (2) At least 3 months, less than 6 months
- (3) At least 6 months, less than 1 year
- (4) At least 1 year, less than 2 years
- (5) At least 2 years, less than 5 years
- (6) 5 years or more

ASK IF: Women under 50

AND: No operation

AND: Have a heterosexual relationship

AND: No method used (Other reason)

M170_11

SHOWCARD C170.11

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

CODE MAIN REASON ONLY

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

ASK IF: Women under 50
AND: No operation
AND: Have a heterosexual relationship
AND: No method used
AND: Some other reason in M170_11
SPEC11

RECORD OTHER REASON

ASK IF: Women under 50
AND: No operation
AND: No method used or no heterosexual relationship
M170_12

Have you used any method of contraception in the last 2 years?

- (1) Yes
- (2) No

ASK IF: Women under 50
AND: No operation
AND: No method used or no heterosexual relationship
AND: Has used methods in last 2 years
M170_13M

SHOWCARD C170.13

Which method(s) did you usually use?

SET [3] OF

- (4) Withdrawal
- (5) Male sheath/condom
- (6) Safe period/rhythm method/Persona
- (7) Cap/Diaphragm
- (8) Pill
- (9) IUD/coil/intra-uterine device
- (10) Hormonal IUS – MIRENA
- (11) Foams/gels/sprays/pessaries (spermicides)
- (12) Going without sexual intercourse to avoid pregnancy
- (13) Female condom
- (14) Injections/implants
- (15) Emergency contraception (morning after pill)
- (16) Another method

ASK IF: Women under 50
AND: Operation less than 2 years ago, or heterosexual relationship now and usual method less than 5 years
M170_14M

SHOWCARD C170.14

Which method(s) of contraception / if any did you use immediately before that?

SET [3] OF

- (1) No method used – no sexual relationship with someone of the opposite sex
- (2) No method used – partner sterilised / had a vasectomy
- (3) No method used – other reasons
- (4) Withdrawal
- (5) Male sheath/condom
- (6) Safe period/rhythm method/Persona
- (7) Cap/Diaphragm

- (8) Pill
- (9) IUD/coil/intra-uterine device
- (10) Hormonal IUS – MIRENA
- (11) Foams/gels/sprays/pessaries (spermicides)
- (12) Going without sexual intercourse to avoid pregnancy
- (13) Female condom
- (14) Injections/implants
- (15) Emergency contraception (morning after pill)
- (16) Another method

ASK IF: Women under 50
AND: Operation less than 2 years ago, or heterosexual relationship now and usual method less than 5 years
AND: Used the pill (at M170_14M)
M170_15

SHOWCARD C170.15

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

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

ASK IF: Women under 50
AND: No operation and method used
AND: Method at 6 not the same as method at 14
M170_16

Did the change in method happen because you began a relationship with a different partner?

- (1) Yes
- (2) No

ASK IF: Women under 50
AND: No operation and method used
AND: Method at 6 not the same as method at 14
M170_17

[*] Compared with the method(s) you used before, do you think the method(s) you are using now is/are:
 ...more reliable in preventing pregnancy?

- (1) Yes
- (2) No

ASK IF: Women under 50
AND: No operation and method used
AND: Method at 6 not the same as method at 14
M170_18

[*] (Compared with the method(s) you used before, do you think the method(s) you are using now is/are:
 ...more convenient to use?)

- (1) Yes
- (2) No

ASK IF: Women under 50

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_19

[*] (Compared with the method(s) you used before, do you think the method(s) you are using now is/are:)

...better for your long-term health?

- (1) Yes
- (2) No

ASK IF: Women under 50

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_20

[*] (Compared with the method(s) you used before, do you think the method(s) you are using now is/are:)

...better for protecting against sexually transmitted infections (including HIV/AIDS)?

- (1) Yes
- (2) No

ASK IF: Women under 50

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_21

SHOWCARD C170.21

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

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

ASK IF: Women under 50

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_22

Were you at all influenced to make the change by advice from a GP or Family Planning Clinic?

- (1) Yes
- (2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

M170_23

Some of the previous questions referred to emergency contraception after unprotected sex. There are two kinds of emergency contraception. One is a pill based method, sometimes known as

the 'morning after' pill. The other is an IUD (intra-uterine device) method. Before reading about it here, had you heard of the pill method of emergency contraception after intercourse?

- (1) Yes
- (2) No
- (3) Don't know

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

M170_24

SHOWCARD C170.24

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

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

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

M170_24M

SHOWCARD C170.24M

[*] Which of the following statements about emergency contraception do you think is true?

SET [7] OF

- (1) The emergency pill has no identified harmful long-term side-effects
- (2) The emergency pill can still be effective taken at any time up to 72 hours after intercourse
- (3) The emergency pill can sometimes cause nausea / make you feel sick
- (4) The emergency pill is more effective the sooner it is taken after intercourse
- (5) The emergency pill is safer and more effective than it has been in the past
- (6) The emergency pill protects against sexually transmitted infections (STIs)
- (7) The emergency pill protects against pregnancy until the next period
- (8) None of these

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

M170_25

SHOWCARD C170.25

Have you used the emergency contraception pill in the last year?

- (1) Yes
- (2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

AND: Has used emergency pill

M170_26

SHOWCARD C170.26

On how many occasions in the last year have you used the emergency contraception pill?

1..50

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

AND: Has used emergency pill

M170_27M

SHOWCARD C170.26

Where did you go for this?

SET [7] OF

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

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

AND: Has used emergency pill

M170_27A

On the most recent occasion, did you have any difficulty in obtaining the emergency pill when you needed it?

- (1) Yes
- (2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency pill

AND: Has not used emergency pill

M170_28M

SHOWCARD C170.28

If someone were to need the emergency contraception pill where do you think they would be able to obtain it?

SET [7] OF

- (1) Your own GP or practice nurse
- (2) Another GP or practice nurse
- (3) Family Planning Clinic (including Brook Clinics)
- (4) Hospital Accident & Emergency Department
- (5) Directly from a chemist or pharmacy

(6) A walk-in centre or minor injuries unit

(7) Somewhere else

(8) Would not use

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

M170_29

Before (I mentioned it/you read about it here), had you heard of the IUD method of emergency contraception after intercourse?

- (1) Yes
- (2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency IUD

M170_30

SHOWCARD C170.24

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

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

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency IUD

M170_31

SHOWCARD C170.31

Have you had an IUD fitted for emergency contraception in the last year?

- (1) Yes
- (2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency IUD

M170_35M

SHOWCARD C170.35

Where did you go for this? / Where would someone go for this?

SET [6] OF

- (1) Your own GP
- (2) Another GP
- (3) Family Planning Clinic (including Brook Clinics)
- (4) Hospital Accident and Emergency Department
- (5) Somewhere else
- (6) Would not use

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has used emergency pill or had emergency IUD fitted

M170_35B

SHOWCARD C170_35B

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

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

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has used emergency pill or had emergency IUD fitted

AND: M170_35B = OthReason

SPEC35B

RECORD OTHER REASON

ASK IF: Men under 70

AND: Not had operation which prevents pregnancy

M170_36M

SHOWCARD C170.36

Here is a list of possible ways of preventing pregnancy. Which, if any, do you (and your partner) use at present?

SET [4] OF

- (1) The contraceptive pill
- (2) Male condom
- (3) The Female condom
- (4) Emergency contraception (morning after pill)
- (5) Another method of protection
- (6) No method
- (7) No sexual relations with a woman currently

ASK IF: Men under 70

M170_37

SHOWCARD C170.36

Which of the following best describes your situation?

- (1) I have had sex only with women
- (2) I have had sex only with men
- (3) I have usually had sex only with women but have had sex at least once with a man
- (4) I have usually had sex only with men but have had sex at least once with a woman
- (5) I have not (yet) had a sexual relationship

ASK IF: Men under 70 or women under 50

M170_38M

SHOWCARD C170.38

Have you been to any of the following to obtain contraception, for advice on contraception or preventing pregnancy, or for family planning purposes within the last 5 years?

SET [6] OF

- (1) Family planning clinic (including Brook Clinics)
- (2) Your own GP or practice nurse
- (3) Another local GP or practice nurse
- (4) Directly to a chemist or pharmacy
- (5) A walk-in centre or minor injuries unit
- (6) Somewhere else
- (7) None of these

ASK IF: Men under 70 or women under 50

AND: Has been somewhere for family planning last 5 years

AND: More than one place visited (If only one place visited then data is carried forward)

M170_39

Which did you visit most recently for these purposes?

- (1) Family planning clinic (including Brook Clinics)
- (2) Your own GP or practice nurse
- (3) Another local GP or practice nurse
- (4) Went directly to a chemist or pharmacy
- (5) A walk-in centre or minor injuries unit
- (6) Somewhere else

ASK IF: Men under 70 or women under 50

AND: Has been somewhere for family planning last 5 years

M170_40

When did you last go there for these purposes?

- (1) Less than 3 months ago
- (2) At least 3 months but less than 6 months ago
- (3) At least 6 months but less than 1 year ago
- (4) Or at least 1 year but less than 5 years ago

ASK IF: Men under 70 or women under 50

AND: Not currently in a sexual relationship or has had an operation

M170_50

SHOWCARD C170.50

Have you had any sexual partners in the last year?

- (1) Yes
- (2) No

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months

AND: Has not said uses condoms (Imputed if has used condoms)

M170_51

SHOWCARD C170.51

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

Please include either male or female condoms

- (1) Yes
- (2) No

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months

AND: Uses a condom

M170_52

SHOWCARD C170.52

Why do/did you use a condom?

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

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months

AND: Uses a condom

M170_53

SHOWCARD C170.53

How regularly do/did you use a condom?

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

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman – no operation and not said no sex as reason for contraception OR Man – no operation and not said never had a sexual relationship)

M170_54M

SHOWCARD C170.54

Has what you have heard about HIV and AIDS and other sexually transmitted infections influenced your behaviour?

SET [3] OF

- (1) When I have sexual intercourse I use a condom more often than I used to
- (2) I have fewer one-night stands
- (3) When I change partners I have a test for sexually transmitted infections
- (4) It has not influenced me at all

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman - no operation and not said no sex as reason for contraception OR Man - no operation and not said never had a sexual relationship)

M170_55

SHOWCARD C170.55

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

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

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman - no operation and not said no sex as reason for contraception OR Man - no operation and not said never had a sexual relationship)

AND: Currently in a sexual relationship

AND: Not only one partner in M170_55 (In this case data for M170_56 are imputed)

M170_56

SHOWCARD C170.56

May I just check, How many sexual partners do you currently have?

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

ASK IF: Men under 70 or women under 50

AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman – no operation and not said no sex as reason for contraception OR Man – no operation and not said never had a sexual relationship)

AND: Has had 2 or more sexual partners in past 12 months and uses condom

M170_57

SHOWCARD C170.57

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

Please include either male or female condoms.

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

ASK IF: Men under 70 or women under 50

M170_41

SHOWCARD C170.41

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

- (1) TV advertisements
- (2) TV programmes
- (3) Newspapers, magazines or books
- (4) Your GP
- (5) Family Planning Clinic (including Brook clinics)
- (6) GUM or sexual health clinic in a hospital
- (7) Friends or family
- (8) Government information leaflet
- (9) Internet
- (10) School or college
- (11) Somewhere else

ASK IF: Men under 70 or women under 50

M170_58

Please hand the computer back to the interviewer now.

ASK ALWAYS:

M170_60M

SHOWCARD C170.60

Which of the following are sexually transmitted infections?

CODE ALL THAT APPLY

SET [6] OF

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

ASK IF: Recognised Chlamydia as STI at M170_60M

M170_49M

SHOWCARD C170.49

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

CODE ALL THAT APPLY

SET [5] OF

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

Appendix C

Reports in the Omnibus Series

- The prevalence of back pain in Great Britain. Val Mason. HMSO (1994)
- National fire safety week and domestic fire safety. Amanda Wilmot and Joy Dobbs. HMSO (1994)
- Cooking: attitudes and behaviour. Gerry Nicolaas. HMSO (1995)
- Food Safety in the Home. Alison Walker. HMSO (1996)
- Residual Medicines. Myra Woolf. HMSO (1996)
- Smoking-related behaviour and attitudes. Fiona Dawe and Eileen Goddard. TSO (1997)
- Drinking: adults' behaviour and knowledge. Eileen Goddard. TSO (1997)
- The prevalence of back pain in Great Britain, 1996. Tricia Dodd. TSO (1997)
- Smoking-related behaviour and attitudes, 1997. Stephanie Freeth. Office for National Statistics (1998)
- Drinking: adults' behaviour and knowledge in 1998. Eileen Goddard. Office for National Statistics (1998)
- Contraception and Sexual Health, 1997. Tricia Dodd and Stephanie Freeth. Office for National Statistics (1999)
- The prevalence of back pain in Great Britain, 1998. Department of Health Statistical Bulletin. Available at www.doh.gov.uk/public/backpain.htm
- Food safety in the home, 1998. Deborah Lader. Office for National Statistics (1999)
- Contraception and Sexual Health, 1998. Laura Rainford and Howard Meltzer. Office for National Statistics (2000)
- Smoking Related Behaviour and Attitudes, 1999. Deborah Lader and Howard Meltzer. Office for National Statistics (2000)
- Drinking: adults' behaviour and knowledge in 2000. Deborah Lader and Howard Meltzer. Office for National Statistics (2001)
- Contraception and Sexual Health, 1999. Fiona Dawe and Howard Meltzer. Office for National Statistics (2001)
- Smoking Related Behaviour and Attitudes, 2000. Deborah Lader and Howard Meltzer. Office for National Statistics (2001)
- Smoking Related Behaviour and Attitudes, 2001. Deborah Lader and Howard Meltzer. Office for National Statistics (2001)
- Contraception and Sexual Health, 2000. Fiona Dawe and Howard Meltzer. Office for National Statistics (2002)
- Drinking: adults' behaviour and knowledge in 2002. Deborah Lader and Howard Meltzer. Office for National Statistics (2002)
- Contraception and Sexual Health, 2001. Fiona Dawe and Howard Meltzer. Office for National Statistics (2003)
- Smoking Related Behaviour and Attitudes, 2002. Deborah Lader and Howard Meltzer. Office for National Statistics (2003)
- Contraception and Sexual Health, 2002. Fiona Dawe and Howard Meltzer. Office for National Statistics (2003)
- Smoking Related Behaviour and Attitudes, 2003. Deborah Lader and Eileen Goddard. Office for National Statistics (2004)

