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Summary

- This chapter examines sexual health under three headings: sexual behaviour including reported number of same and opposite sex partners and age at first heterosexual intercourse; contraceptive use; and previous history of testing and diagnosis for sexually transmitted infections (STIs) including testing for chlamydia.

Sexual behaviour

- 92% of men and 94% of women aged 16-69 reported that they had ever had sexual intercourse with someone of the opposite sex. Fewer participants in the youngest age group, 16-24, reported that they had ever had sexual intercourse (68% of men and 74% of women), whereas 95% or more in all other age groups reported doing so.
- 80% of men and 79% of women aged 16-69 reported that they had had sexual intercourse with someone of the opposite sex in the last year.
- Men reported a mean of 9.3 female sexual partners in their life so far, while women reported a mean of 4.7 male sexual partners. More women than men reported having only one partner of the opposite sex in their lifetime (24% of women compared with 17% of men), and conversely more men than women reported having ten or more partners of the opposite sex (27% of men and 13% of women). The median number of opposite sex partners ranged from four to six among men aged 25-69, and from two to four among women in the same age range.
- Overall 20% of men and 14% of women reported that they had first had sex with someone of the opposite sex before the age of 16. Using life table analysis, the median for age at first sex with someone of the opposite sex was 17 for both men and women, and declined from 18 among men and women aged 55-69 to 17 for men and 16 for women aged 16-24.
- 1.6% of men and 1.8% of women aged 16-69 reported that they had had sex with someone of the same sex in the last 5 years.

Contraception

- Just under a fifth of all women aged 16-54 reported that they were not currently having sexual relations with someone of the opposite sex (18%). Around two thirds reported that they were using some method of contraception (68%), including 49% reporting non-surgical methods and 19% surgical methods. 14% of women said that they were not using any method of contraception.
- Among those aged 16-54 who were currently having sexual relations, 83% of women reported using at least one method of contraception. This varied by age, being highest among those aged 16-24 and 35-44 (87% and 86% respectively). Use of contraception was lower among those aged 25-34 (78%) – the age group most likely to be pregnant or seeking to become pregnant, and those aged 45 and over (82%) – most likely to be menopausal. The proportion of women reporting surgical options increased with age.

- The most commonly reported methods of contraception were the male condom, and the contraceptive pill, each mentioned by 22% of women currently having sexual relations.
- Most women who were having heterosexual sex and were not using contraception indicated that this was because of pregnancy, wanting to become pregnant, the menopause or possible infertility. However, among women aged 16-54 currently having sexual relations, 3.2% were at risk of unplanned pregnancy, including 1.4% reporting that they did not like contraception methods or found them unsatisfactory, and 0.4% reporting that their partner did not like or would not use contraception methods.
- Among women aged 16-54 who had had sexual intercourse with someone of the opposite sex in the last year, 7% reported that they had used the emergency contraception pill in that period. Those aged 16-24 were the most likely to have done so (21%).
- Among the 16-54 age group, 30% of men and 45% of women reported that they had sought contraception advice or supplies in the last 12 months. In general men were more likely to use sources where supplies could be purchased directly, whereas women were more likely to use sources which involved consultation with a health professional.

Sexually transmitted infections (STIs)

- Younger participants were more likely than older ones to report having been tested for chlamydia (27% of men and 44% of women aged 16-24 compared with 6% of men and 12% of women aged 45-54). Those who reported being tested for chlamydia were asked why they had done so, and the two most frequently cited reasons were wanting a general sexual health check up, and being offered a routine test.
- Of those aged 16-69 who reported ever having sex (either heterosexual or homosexual), women were more likely than men to report a doctor-diagnosed STI excluding vaginal candidiasis or 'thrush' (12% and 9% respectively). However, similar proportions of men and women reported having had more than one STI (2% of each sex).
- There was a low reported incidence of individual STIs. 2.2% of men and 3.8% of women reported chlamydia diagnoses, with reporting highest among those aged 16-34. Genital warts were reported by 2.5% of men, and NSU (non specific urethritis) or NGU (non gonococcal urethritis) by 2.1%. Among women, 3.0% reported genital warts, 3.1% bacterial vaginosis and 1.6% herpes.

6.1 Introduction

In 2010, sexual health and contraception were addressed for the first time by the Health Survey for England.¹ The only other surveys of the sexual health of the general population that have been undertaken in Britain are the decennial National Attitudes of Sexual Attitudes and Lifestyles (Natsal), conducted in 1990/91, 1999-2001 and 2010-2012 (currently in the field)^{2,3} and the Office for National Statistics (ONS) Omnibus Survey performed annually since 1990.⁴ In the Health Survey for England, sexual health was assessed under three headings: sexual behaviour (reported number of same and opposite sex partners and age at first heterosexual intercourse); contraceptive use (access to and types of contraception employed); and previous history of testing and diagnosis for sexually transmitted infections (STIs) including testing for Chlamydia trachomatis (chlamydia).

Efforts to improve sexual health have mostly focused on young people as they are most at risk from unintended pregnancy and STIs.⁵ However, there is emerging evidence of increasing STI incidence in older age groups as well as increasing recognition of the importance of sexual function in later life.⁶ Poor sexual health is responsible for important levels of morbidity and mortality within the population and requires appropriate resources and funding for diagnostic, treatment and prevention services.⁷ Public health policy for sexual health has prioritised two major areas: effective contraceptive choice to avert unintended or early pregnancy; and the prevention of STIs including HIV.^{8,9} This focus is reflected in the government *Public Health Outcomes Framework* in which three sexual health indicators have been proposed (rates of under-18 pregnancy, chlamydia diagnoses and late HIV diagnoses) with which to measure the success of national and local public health actions.¹⁰

In England, the teenage conception rate peaked in the late 1990s but has since declined so that by 2009 the rate was at a 20-year low (40 cases per 1,000 under-18s), but the rate is still high when compared with Western Europe.¹¹ The prevention of unplanned teenage motherhood is a public health priority as it can have detrimental effects on the health and socioeconomic status of both mother and child. Babies born to teenage mothers have lower birth weights, and are at an increased risk of infant mortality and of some congenital abnormalities.¹² Teenage pregnancies occur more often in the most socioeconomically deprived groups¹³ and are strongly associated with early sexual debut,¹⁴ and these may combine to exacerbate the social disadvantage for both the mother and the child. However, access to reliable contraception and contraceptive services is important throughout men's and women's reproductive careers, so information about uptake, preference and service use is important for sexual health strategy in all age groups.

STIs are responsible for a significant burden of both short and long-term morbidity as well as mortality. For example, persistent infection with high-risk Human Papillomavirus (HPV) types is necessary but not sufficient for the development of cervical cancer.¹⁵ Untreated chlamydia infection can lead to serious sequelae¹⁶ of pelvic inflammatory disease (PID), ectopic pregnancy and infertility in females and urethritis, epididymitis, and reactive arthritis in males. During the 1980s, there was a rapid decline in reported STI diagnoses attributed to sexual behaviour changes in response to the HIV epidemic.¹⁷ From the mid 1990s, diagnoses of STIs increased due to both increased risk behaviour and improved ascertainment.³ Recent surveillance data from 2010 have indicated that rates of STIs appear to have stabilised, although at much higher rates than in previous years, and that the most commonly diagnosed bacterial and viral STIs were respectively chlamydia (189,612 diagnoses) and genital warts (75,615 diagnoses).⁵

The epidemiology of STIs is a consequence of the interaction between biology of the organisms, population behaviours, and effectiveness of treatment programmes. The HSE 2010 provides data about reported sexual behaviour and access to services for the diagnosis and treatment of STIs, which are central to this interaction, and this information is vital for the evaluation and development of public health interventions for the prevention and control of STIs. England is one of the few countries that have established a programme for the prevention and control of chlamydia, the most common bacterial STI in Europe and

many industrialised countries.¹⁸ The National Chlamydia Screening Programme (NCSP) aims to prevent and control chlamydia infection in young adults under 25 years of age through opportunistic community based testing.¹⁹ The NCSP was rolled out from 2003 and was established nationally in 2008. In 2010/11 2.2 million chlamydia tests were performed in England among young adults aged 15-24 years of age, representing up to 32% of the target population.⁵

6.2 Methods and definitions

6.2.1 Questions about contraception and sexual health

The Health Survey for England sexual health questions were adapted from two different sources. The questions on contraception use were included in the 2008/2009 ONS Opinions Survey⁴ and the questions on sexual health were taken from Natsal 1999/2001.^{2,3}

Only a short module of questions on contraception was included in the HSE 2010, drawn from the much more extensive ONS survey's coverage of the topic, and the questions were adapted for paper self-completion format. There was one significant change to the question asked of women about contraception methods. In the ONS survey, initial questions established whether women had had an operation to prevent pregnancy, and only those who had not been sterilised were asked about contraception methods. In the HSE 2010 questionnaire, instead of asking the initial questions, all women were asked about contraception methods, and the list had an added category 'I have been sterilised/had a hysterectomy'. It is possible that this category has been misunderstood by some participants, and may have been used by those who were infertile for instance because of the menopause.

The list of methods used in the ONS survey was also extended to include the vaginal ring and emergency intra-uterine device.

Questions on sexual behaviour and STIs were closely based on Natsal questions. At the time the HSE 2010 questionnaire was finalised, development work was being carried out for Natsal 2010-12, and not all the questions used in the HSE were the final versions adopted for the Natsal questionnaire. Nevertheless, it is expected that the HSE questions will be broadly comparable with previous and current waves of Natsal.

6.2.2 Administering the questions

The HSE sexual health questions were administered in a paper self-completion format. Interviews for the HSE are often conducted with all household members (the program will allow up to four people to be interviewed concurrently), and therefore asking the sexual health questions in a self-completion format ensured that each participant had privacy while filling in their answers. The paper format was used rather than computer-assisted self completion interviewing (CASI) because this would be impractical in multiple adult households: each adult would need to use the laptop in turn, therefore requiring an excessive interview length. It should be noted that both Natsal 1999-2001 and the ONS Opinions Survey were conducted using CASI, and this may affect comparability of the results.

It was recognised that these questions are more sensitive than other questions asked on the HSE and, following piloting, an introductory statement was included:

'The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.'

Interviewers were also briefed that they should be careful to not look at a participant's answers and ensure that each self-completion booklet was sealed in an envelope as soon as it had been completed.

There were different versions of the self-completion booklets for men and women because different contraception choices and STIs were included for each. Women were presented with a more detailed list of contraception methods than men.

The majority of the sexual health questions were asked of men and women aged 16-69. Contraception questions were also asked of men aged 16-69 but only of women likely to be of reproductive age, 16-54, as contraception to avoid pregnancy is unlikely to be needed in older women. There were more detailed questions about contraception for women than for men. This module of questions was not asked of adults aged 70 and over, because contraception and sexual health policy is generally focused on younger adults. This chapter focuses on contraception methods used by women aged 16-54.

6.2.3 Non-response

Because these questions were sensitive, there were higher levels of non-response than are usually found in the HSE. As in every year's HSE, there was some non-response to the entire self-completion exercise (before participants were aware of the content of the booklet), and the booklets were filled in by around 90% of men and 92% of women aged 16-69. Item non-response was generally low for the other sections in the self completion booklets, typically at around 1-2%, but in this module about contraception and sexual health around 8-10% of men and between 5-15% of women did not answer the questions. There was relatively little variation across questions for men, but women were more likely to answer about contraception (5% non-response) and less likely to answer about STIs (15% non-response). Around 10% of both men and women did not answer the questions on sexual partners. However, item non-response was no higher than to other sensitive questions such as that on household income.

It is also possible that a low level of non-response to questions resulted from routing errors. While the self-completion format has the major advantage of allowing privacy and avoiding embarrassment, there is the potential disadvantage that there is no opportunity for interviewers to query possibly inconsistent answers, or to clarify any issues if a participant is unsure. This applies both to paper and to CASI, and in addition with a paper format, there is the issue of complex routing from one question to the next. With CASI and other computer-assisted methods, the program automatically routes on to the next appropriate question, while with paper, instructions must be given to participants if they need to skip some questions. The routing in this module, and particularly for the contraception questions, was more complex than is ideal for this format, and this may have caused some people to miss questions they were intended to answer.

6.2.4 Life table analysis

One of the questions asked for the age at which participants first had sex with a person of the opposite sex, if this had happened. Care is needed in analysis of these results, as some participants, particularly younger ones, may not have had sex at the time of interview but may go on to do so in the future. If analysis is based only on those who have so far had sex, by definition this will be biased towards those who had their first sex at a younger age. Life table analysis (drawing on survival analyses used in epidemiological research) has therefore been used to calculate the median age at first sex. In the life table analysis, rather than exclude those who have not yet had sex, those observations with only partial information (i.e. have not had sex yet but may do) are 'censored',²⁰ and the cumulative proportion who have had sex (known as the survival function²¹) is calculated. Median age of first sex is calculated as the age at which the cumulative proportion is equal to 0.5. The 10th and 90th percentiles of the cumulative proportion have also been computed. Use of life table analysis for these questions is consistent with previous analyses of Natsal data.^{3,22}

6.3 Sexual behaviour

6.3.1 Number of sexual partners, by age and sex

Lifetime opposite sex partners

Participants aged 16-69 were asked the age they were when they had first had sexual intercourse with someone of the opposite sex. Similar proportions of men and women reported that this hadn't happened yet (8% of men and 6% of women). Thus 92% of men and 94% of women had ever had sexual intercourse with someone of the opposite sex. Fewer participants in the youngest age group, 16-24, had ever had sexual intercourse (68% of men and 74% of women), whereas 95% or more in all other age groups had done so.

When asked about the number of opposite sex partners they had had altogether in their life so far, men reported a mean of 9.3 female sexual partners, while women reported a lower number, a mean of 4.7 male sexual partners. The majority of participants indicated that they were certain of the number of opposite sex partners they had had, but 33% of men and 17% of women said that the number was an estimate. More women than men reported having sexual intercourse with only one partner of the opposite sex in their lifetime (24% of women compared with 17% of men), and conversely more men than women reported having sexual intercourse with ten or more partners of the opposite sex (27% of men and 13% of women).

There was significant variation by age, and excluding the youngest age group (among whom many had not yet had sex), the reported number of lifetime opposite sex partners decreased with age, as shown in Figure 6A. The mean number of partners was 12.2 among men and 6.4 among women aged 25-34, compared with 7.7 among men and 3.4 among women aged 55-69. The number of partners is very variable and the mean is affected by those reporting many partners, so the median number of partners is generally lower than the mean. The median number of opposite sex partners ranged from 4-6 among men aged 25-69, and from 2-4 among women in the same age range. Among both men and women, those aged 55-69 were the most likely to have had only one sexual partner of the opposite sex (25% and 40% respectively), while those aged 25-44 were the most likely to have had ten or more partners.

Opposite sex partners in the last year

80% of men and 79% of women aged 16-69 reported that they had had sexual intercourse with someone of the opposite sex in the last year. In addition to the proportion who had reported that they had never had sex, the proportion who had not had a sex partner in the last year increased with age to 13% of men and 19% of women aged 45-54, and 28% of men and 36% of women aged 55-69.

Similar proportions of men and women reported having one sexual partner of the opposite sex in the last year (70% and 74% respectively). 8% of men and 5% of women reported between two and four partners, and this was much more likely among those aged under 35 than among older adults (16% of men and 15% of women aged 16-24, 11% and 6% respectively aged 25-34, compared with 3% and fewer than 1% aged 55-69). Only 2% of men and fewer than 1% of women reported five or more partners in the last year.

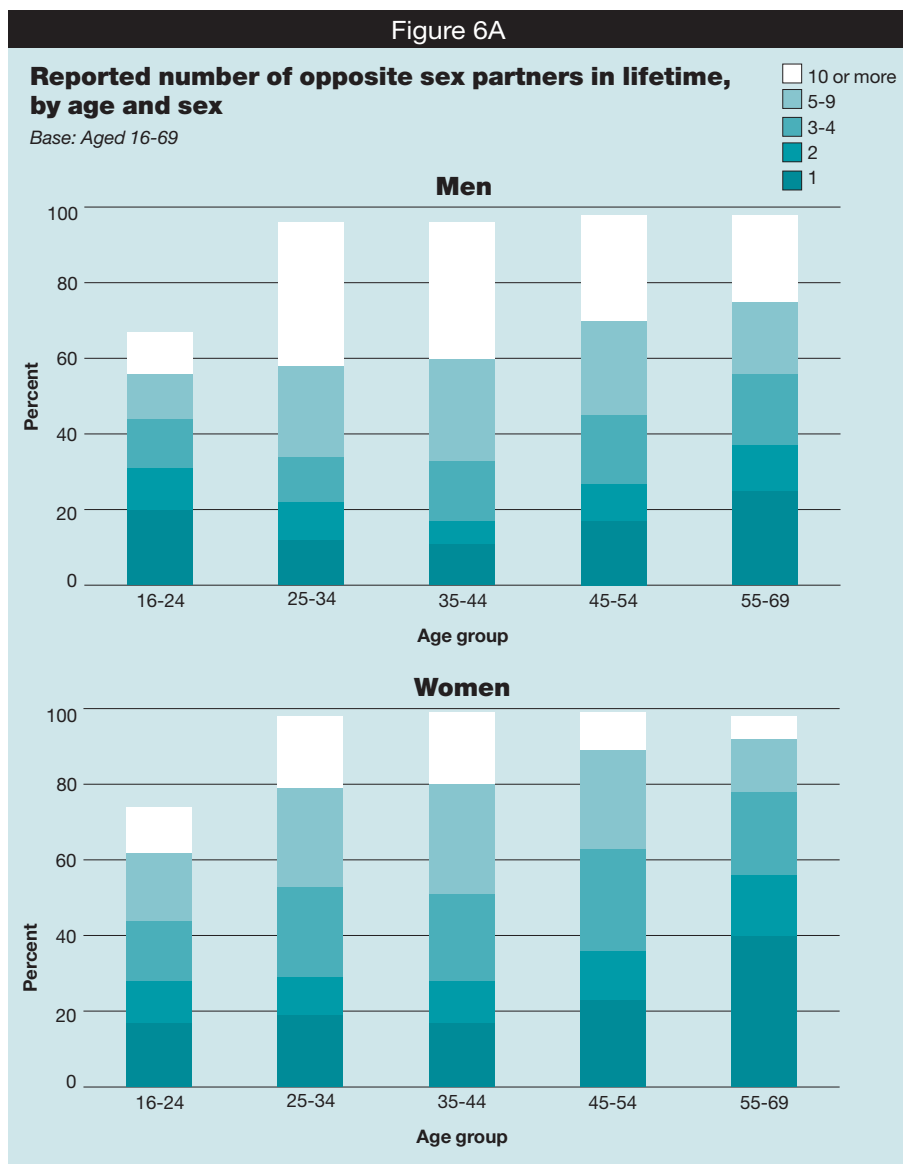
Same sex partners

2.5% of men aged 16-69 reported that they had ever had sex with a man (that is oral or anal sex or any other forms of genital contact) and similarly 2.7% of women aged 16-69 reported that they had had sex with a woman (that is oral sex or any other forms of genital contact). 1.6% of men and 1.8% of women said that they had had a same sex partner in the last five years.

There was a different pattern by age for men and women. While there was little variation by age among men, the proportion of women reporting that they had ever had sex with another woman was highest among the youngest age group (5.4%), and there was a clear decrease with age (to 0.7% among women aged 55-69). The patterns were similar for those who reported sex with someone of the same sex in the last five years.

Table 6.1, Figure 6A

Figure 6A



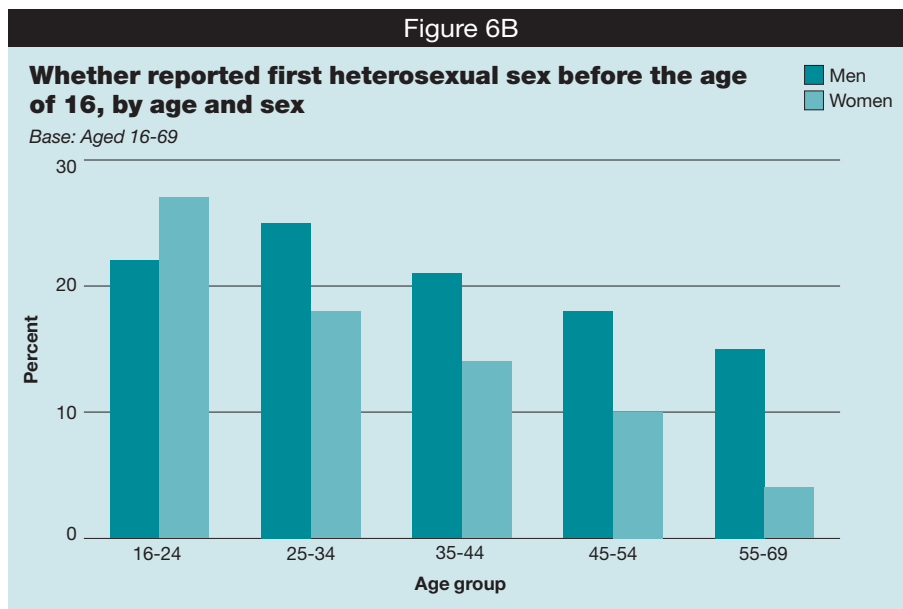
6.3.2 Age when first had sex with someone of the opposite sex

Participants were asked their age when they first had sex with someone of the opposite sex. This information needs careful interpretation when comparing people at different stages of their lives in different age groups. It is important to include all adults in the analysis, not only those who have (so far) had sex with someone of the opposite sex. Life table analysis has therefore been carried out (see Section 6.2.4) to take people's different life stages into account. Two measures are presented in Table 6.2. The first is the proportion of adults who were below the age of 16 when they first had sex with someone of the opposite sex, and the second is the median age at first sex, with 10th and 90th centiles (calculated using life table analysis) to show the distribution around the median.

Overall 20% of men and 14% of women reported that they had first had sex with someone of the opposite sex before the age of 16. This varied by age group, as shown in Figure 6B, ranging from 15% of men and 4% of women aged 55-69 to 22% of men and 27% of women aged 16-24.

The median age at first sex with someone of the opposite sex was 17 for both men and women. Men above the 10th and below the 90th centile of the distribution first had sex between the ages of 15 and 24, while women above the 10th and below the 90th centile first had sex between the ages of 15 and 22. The median age at first intercourse declined from 18 among men and women aged 55-69 to 17 for men and 16 for women aged 16-24.

Table 6.2, Figure 6B



6.4 Use of contraception

6.4.1 Methods of contraception

Detailed questions on contraception were asked of women aged 16-54, covering different methods used, reasons for not using contraception, and use of emergency contraception.

Use of contraception

Women aged 16-54 were presented with a list of methods of contraception and asked about their current usual method. This list included options for 'surgical' methods of contraception, i.e. whether the woman had been sterilised or had a hysterectomy, or whether her partner had been sterilised.

Just under a fifth of all women aged 16-54 indicated that they were not currently having sexual relations with someone of the opposite sex (18%). Around two thirds of all women reported that they were using some method of contraception (68%), including 49% reporting non-surgical methods and 19% surgical methods. 14% of women said that they were not using any method of contraception.

Patterns of behaviour were very different in different age groups, as Figure 6C shows. The proportion reporting that they were not currently having sexual relations was highest among the youngest group (32% of women aged 16-24), reflecting the fact that many of this age had not yet had sex. The proportion reporting that they used a non-surgical form of contraception was highest among those aged 25-34 and decreased in older age groups. In contrast, very few aged under 35 reported surgical methods, and levels of reporting surgical methods was much higher in the 45-54 age group (41%).²³

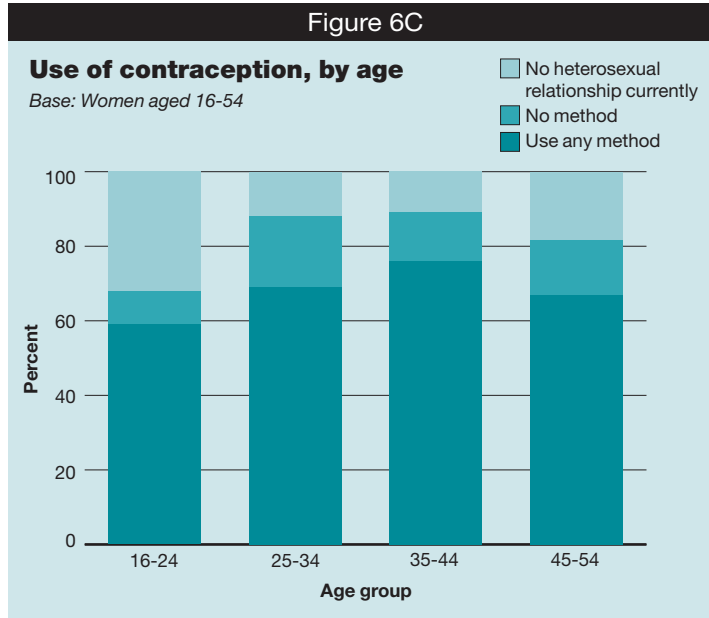
Table 6.3, Figure 6C

Methods used by women currently having sexual relations

Table 6.4 shows details of the usual methods of contraception used by women aged 16-54 who reported currently having sexual relations with a man.²⁴

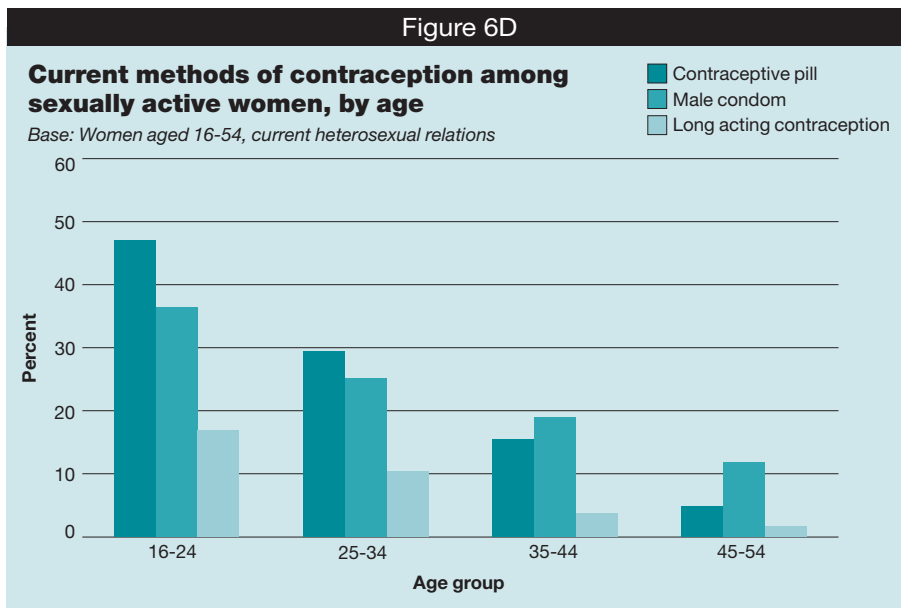
Among those currently having sexual relations, 83% of women reported using at least one method of contraception. This varied by age, being highest among those aged 16-24 and 35-44 (87% and 86% respectively). Use of contraception was lower among those aged 25-34 (78%) – the age group most likely to be pregnant or seeking to become pregnant, and those aged 45 and over (82%) – the age group most likely to be menopausal. The proportion of women reporting surgical options increased with age, with none aged 16-24 identifying this option, and 51% of those aged 45-54.

Figure 6C



The most commonly used non-surgical methods of contraception were the male condom and the contraceptive pill, each reported by 22% of women. 7% of women said they used long acting reversible contraception. Reported use of all these methods was highest among those aged 16-24, and declined with age, as shown in Figure 6D.

Figure 6D



Other methods of contraception reported by women aged 16-54 currently having heterosexual relations included an intra-uterine device (reported by 5%), a hormonal intra-uterine system (4%), withdrawal (3%), and natural family planning (3%). All these methods were used by very few aged 16-24 but were used most widely among those aged 35-44. Other methods (including the female condom, emergency contraception, diaphragm, vaginal ring or going without sexual intercourse to avoid pregnancy) were reported by fewer than 1% of women.

The majority of women using at least one non-surgical method of contraception said they usually used only one method (87%). Those who used more than one method were asked whether they usually used methods in combination, or whether they sometimes used one and sometimes another. Overall 8% of those using non-surgical contraception said they used methods in combination, while 5% said they used different methods on different occasions. Younger women were most likely to report combining methods of contraception (18% of those aged 16-24, 1% of those aged 45-54), while there was little variation by age for those who reported sometimes using one method and sometimes another.

Overall no association was found between using at least one method of contraception and equivalised household income. However, reported use of the male condom varied by income group, from 25-27% in the highest two quintiles to 18-19% in the lowest three. Women in the lowest income quintile were the most likely to report having been sterilised (20% in the lowest quintile, compared with 7% in the highest quintile).

Tables 6.4-6.6, Figure 6D

Use of condoms in the last four weeks

Both men and women aged 16-69 were specifically asked about the use of condoms when having vaginal or anal sex with someone of the opposite sex in the last four weeks, and Table 6.7 shows the results among those who had had sex in the last four weeks.²⁵ Among this group, men were more likely than women to say that they had used a condom: 22% of men and 18% of women said that they had done so on every occasion in the last four weeks, and a further 9% and 7% respectively said that they had used a condom on some occasions. Condom use was more prevalent among younger than older participants. 41% of men and 31% of women aged 16-24 said they had used a condom on every occasion they had sex in the last four weeks, compared with 7% of men and 5% of women aged 55-69, and there was a similar pattern for those who had used condoms on some occasions.

Table 6.7

Reasons for not using contraception

Table 6.4 shows that 17% of women who reported currently having heterosexual sex were not using any method of contraception, and this group was asked why this was the case. A variety of reasons was given. 2.9% reported that they were pregnant and 4.4% that they wanted to become pregnant. In addition 3.2% said they were unlikely to conceive because of the menopause, and 2.2% that they were possibly infertile. This left 3.2% at risk of unplanned pregnancy; 1.4% said that they did not like contraception methods or found them unsatisfactory, and 0.4% reported that their partner did not like or would not use contraception methods. Very few reported that it was difficult to find access to contraception.

A small proportion of women who used at least one method of non-surgical contraception admitted that there were occasions when they (or their partner) did not use contraception (5%). The most common reasons given for sometimes not using contraception were that they did not like it or found methods unsatisfactory, or that their partner did not like or would not use contraception. Very few mentioned that access to sources of contraception was difficult and none said that they did not know where to find information about contraception.

Table 6.4

Emergency contraception

Among women aged 16-54 who had had sexual intercourse with someone of the opposite sex in the last year, 7% reported that they had used the emergency contraception pill in that period. This was much more likely among sexually active women aged 16-24, with 21% in this age group reporting that they used the emergency contraception pill, compared with 8% aged 25-34, 3% aged 35-44 and fewer than 1% of older women. Most women reporting that they had used the emergency contraception in the last year reported doing so only once (6% of sexually active women overall, 15% of women aged 16-24). 4% of women aged 16-24 reported using the emergency contraceptive pill twice, and 2% more than twice in the last year.

Table 6.8

6.4.2 Sources of contraception advice and supplies

Participants were asked where they had sought contraception advice or supplies in the last year. The data presented in Table 6.9 are based on all adults aged 16-54 (and men aged 16-69), as some adults who were not currently sexually active may have sought advice during the relevant period. Overall 30% of men aged 16-54 reported that they had sought contraception advice or supplies compared with 45% of women. For both men and women, the younger age groups were more likely than older adults to report seeking advice or supplies (44% of men and 67% of women aged 16-24 compared with 15% of men and 16% of women aged 45-54).

There were significant differences between men and women in sources used. In general men were more likely to report using sources where supplies could be purchased directly, whereas women were more likely to report using sources which involved consultation with a health professional, as Table 6A below shows.

Table 6A		
Sources of contraception advice and supplies (aged 16-54)		
	Men	Women
	%	%
Sources where advice available		
Doctor or nurse at GP surgery	7	32
NHS family planning clinic	2	6
Sexual health clinic (GUM clinic)	3	4
Supplies from school/ college/ university services	2	1
<i>Any source with advice available*</i>	13	40
Direct purchase		
Pharmacy/ chemist	12	5
Over the counter at petrol station/ supermarket/ shop	8	3
Internet website	3	2
Vending machine	3	0
<i>Any direct purchase source*</i>	20	9

*Includes sources not shown in this summary table.

Thus 32% of women aged 16-54 said that they had received advice or supplies from a doctor or nurse at a GP surgery and 6% visited an NHS family planning clinic, compared with 7% and 2% respectively of men. In contrast, overall 20% of men but 9% of women reported that they sought advice or supplies from sources where direct purchase was possible. 12% of men said they obtained advice or supplies from a pharmacy or chemist, and 8% over the counter from a petrol station, supermarket or shop, compared with 5% and 3% respectively of women.

Supplies from school, college or university services were a relatively important source among the youngest participants, mentioned by 7% of men and 6% of women aged 16-24. This source in particular may have been used by those who were seeking advice or information in advance of using contraception in the future, as well as those who were already sexually active.

Table 6.9

6.5 Sexually transmitted infections

6.5.1 Chlamydia

Questions about chlamydia testing were asked of men aged 16-69 and women aged 16-54. In this section, results are presented for both men and women aged 16-54 to allow direct comparison between the sexes; the tables also show totals for men aged 16-69. Fewer men than women aged 16-54 reported ever been tested for chlamydia (16% and 30% respectively). Younger participants were more likely to report testing than older groups (27% of men and 44% of women aged 16-24, compared with 6% of men and 12% of women aged 45-54). Approximately a third of both men and women who reported ever being tested for chlamydia said they had been tested in the last year (6% of men and 11% of women).

There was a very different pattern between men and women for where the (most recent) test for chlamydia had been carried out. The majority of men reported being tested in a sexual health clinic or GUM (genitourinary medicine) clinic (58%), with 9% reporting a test at a GP

surgery. In contrast, around a third of women reported being tested in a GP surgery (37%) and a similar proportion in a sexual health or GUM clinic (31%). 11% of women and 6% of men reported tests in an NHS family planning clinic, and 7% of women (but fewer than 1% of men) reported a test in an NHS ante-natal clinic.

Younger participants (aged 16-24) who had been tested for chlamydia reported tests in a wider range of places. While a sexual health or GUM clinic remained the most frequently reported for men 16-24, 16% of them said they had used a self-collected test (not from the internet) and 4% reported a youth advisory clinic. Almost a third of men in this age group specified a place other than those listed in the questionnaire. Among young women, while a GP surgery or sexual health/GUM clinic were still the most likely options, 4% reported self-collected tests from a pharmacy, 2% from the internet and 6% from other sources, 4% reported ante-natal clinics and 3% reported abortion clinics.

Those who had been tested for chlamydia were asked why they had the test. The two most frequently cited reasons were wanting a general sexual health check up, and being offered a routine test. The balance between these two responses was different for men and women: similar proportions of women mentioned each of them (37% and 39% respectively), whereas men were more likely to say they wanted a general sexual check up than to say they had been offered a routine test (48% and 25% respectively). Younger men were more likely than others to report being offered a test (41% of men aged 16-24), but otherwise the pattern was similar among the youngest and older participants. **Tables 6.10-6.12**

6.5.2 Doctor-diagnosed sexually transmitted infections

Participants aged 16-69 who had ever reported having sex, either with someone of the opposite sex or the same sex, were shown a list of infections that can be sexually transmitted and asked to indicate whether they had ever been told by a doctor or healthcare professional that they had any of them. While the lists for men and women contained a number of the same sexually transmitted infections (STIs), there were also some items specific to each sex. Included in the women's list was vaginal candidiasis ('thrush'); while this may be sexually transmitted, in many cases it is not, so many women who had been diagnosed with thrush selected the response 'have not had an infection transmitted by sex' at a later question. Therefore in Table 6.14, results are given for women with STIs excluding thrush.

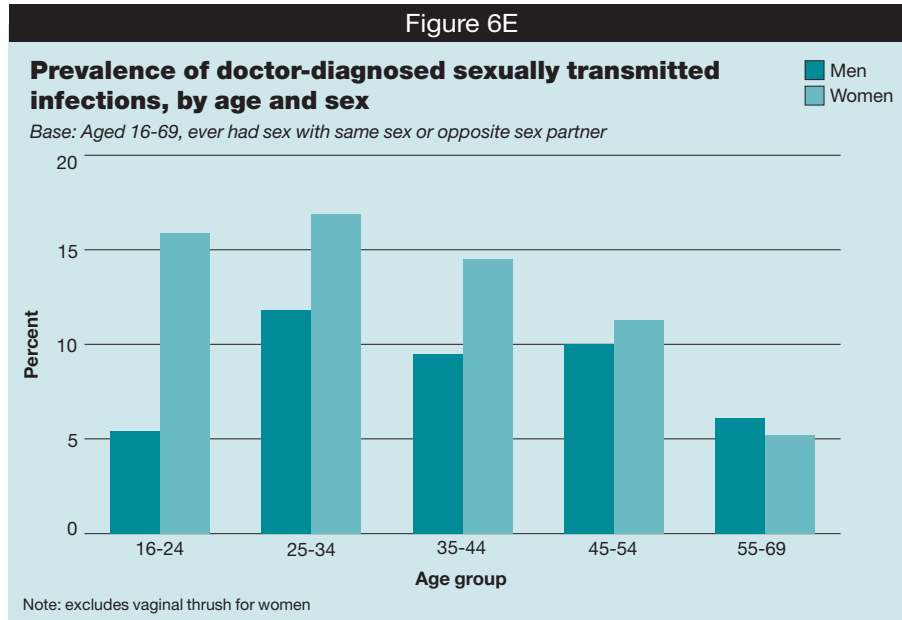
Of those aged 16-69 who reported ever having heterosexual or homosexual sex, women were more likely than men to report a doctor-diagnosed STI (12% and 9% respectively). However, similar proportions of men and women reported having had more than one STI excluding thrush (2% of both sexes).

The proportion having a doctor-diagnosed STI varied with age for both men and women, as shown in Figure 6E. Men aged 25-34 and women aged 16-34 were most likely to have been diagnosed with an STI (12% of men and 16-17% of women). Among men, the prevalence of reporting an STI diagnosis was lowest among the youngest and oldest age groups (5% aged 16-24 and 6% aged 55 to 69), while among women, it was lowest among the oldest age group (5% of women aged 55 to 69).

There was a low reported incidence of individual STI diagnoses among both men and women aged 16-69. 2.2% of men and 3.8% of women reported chlamydia diagnoses, with reporting highest among those aged 16-34 (4.0% of men aged 16-24, 5.0% of men aged 25-34, 8.9% and 6.5% respectively among women in these age groups). This reflects the higher prevalence of testing among these age groups, as shown in Section 6.5.1. Genital warts were reported by 2.5% of men, and NSU (non specific urethritis or NGU (non gonococcal urethritis) by 2.1%. Among women, 3.0% reported genital warts, 3.1% bacterial vaginosis and 1.6% herpes.

The majority of both men and women who reported an STI said that they were last treated at a sexual health clinic or GUM clinic (64% of men and 48% of women). 22% of men and 34% of women reported being treated at a GP surgery. **Tables 6.13, 6.14, Figure 6E**

Figure 6E



6.6 Discussion

6.6.1 Data collection

The HSE 2010 was the first in the series to include detailed questions about sexual behaviour and contraception, and the results demonstrate that data on this sensitive subject can be collected in the context of a survey about general health. In preliminary pilot work and during the main survey, it was clear that collecting this data using self completion was acceptable to participants. Item non-response for sexual behaviour items was around 5-10%. The proportion of missing data was however no higher than that for other sensitive subjects, for instance around 20% of participants declined to give information about income in the face-to-face interview.

The module of questions on sexual behaviour and contraception was presented to participants in a paper self-completion format. This was initially tested in the pilot for the main survey, and as a result of this some improvements were made to the signposting of the sensitive set of questions, and to the routing instructions, which were slightly more complex than usual for the paper self-completion format. The piloting also provided helpful pointers for briefing interviewers, for instance to ensure that they were fully aware of the content of the questions so that they could respond appropriately to any comments or questions from participants, and that they provided the maximum privacy for participants by sealing completed questionnaires in envelopes.

6.6.2 Comparisons with other data sources

The main source of comparison for the HSE data is Natsal 1999/2001,² although this is now ten years old. However, average values for the entire HSE sample cannot be directly compared with Natsal which included only those aged 16-44, while the HSE results are for those aged 16-69. Definitive comparisons must await the results of the Natsal 2010-2012 survey, which is currently in the field with a target sample size of 15,000 men and women aged 16-74. Nevertheless, it is reassuring to find that most results from the HSE are broadly similar to Natsal 1999/2001. For instance the reported age at first intercourse was comparable with results from Natsal 1999/2001, with a median of 17 for men and 16 for women aged 16-24. There is some evidence to suggest that for very sensitive questions there are lower levels of reporting in the HSE than in Natsal. For instance, while the proportion of adults reporting same sex experience in the last five years is at a similar level in both surveys, the reporting of lifetime same sex experience is lower in the HSE. Similarly, the mean number of sexual partners of the opposite sex is a little lower in equivalent age groups in the HSE than in Natsal.

There are a number of explanations that may help to explain the differences between HSE and Natsal responses, particularly to the most sensitive questions. The first is that it has been shown that CASI (computer-assisted self completion interviewing), as used in Natsal, is a better method for collecting this kind of sensitive information than pen and paper self-completion. There are practical constraints for the HSE which preclude CASI, but it must be recognised that this may affect the comparability of some questions.

A second factor is the relative lack of privacy in the HSE interview context. The survey covers a number of health topics, and all household members are eligible. Often household members are interviewed together, with the self-completion booklet used only for questions which are slightly more sensitive or which ask for attitudes which might be influenced by others if asked face-to-face. While the self-completion booklet does offer some privacy, it is possible that some participants might be sitting side by side for instance, and not wish to write anything that might be seen by others. This might particularly apply for behaviours that are no longer current; for instance if someone had had homosexual experiences many years previously but was now in a long term heterosexual relationship they might be reluctant to include information about the past. This is in contrast to Natsal, where only one person in the household is selected; where the most sensitive questioning is in CASI; and where it is clear from the start that the focus of the interview is on sexual attitudes and behaviour.

The third factor is that the HSE generally achieves a lower response rate among young adults aged 16-24 than among older adults, and this group is of particular interest and focus for sexual behaviour. It is possible that under-representation of this age group in the HSE may introduce some bias to the responses.

Data on reported chlamydia testing can be compared with data from the National Chlamydia Screening Programme (NCSP) which has since 2003 offered opportunistic screening for chlamydia of all 16-24 year olds.¹⁹ Among 16-24 year olds surveyed in the HSE 2010, 27% of men and 44% of women reported ever having a test for chlamydia and 17% of men and 27% of women reported that this had occurred in the last year. These figures are lower than the chlamydia testing coverage estimated by the NCSP in 2010/11 of 23% of men and 43% of women.²⁶ However, NCSP estimates of coverage are derived using the number of tests performed and therefore include individuals who may have had repeat chlamydia tests. The degree to which there may be apparent higher estimates of chlamydia testing coverage derived from NCSP data is much greater for women than for men, which may be due to women being more likely to have a repeat test. There is evidence that the routine offer is a major factor in testing, with 41% of young men and 40% of women aged 16-24 who had ever been tested for chlamydia citing this as the reason why they were last tested. The higher proportion of those aged 16-24 reporting ever being diagnosed with chlamydia in the HSE compared with Natsal 1999/2001 is also consistent with the NCSP roll-out and observed national increases in chlamydia diagnoses.

The HSE 2010 provides a mechanism for valuable updates to the information available from the Natsal surveys, but with a limited set of questions. The next Natsal survey, currently in the field, will provide a much more comprehensive picture of sexual attitudes and lifestyles and when published this will be an important comparator for the HSE data. The latest Natsal survey, with a larger sample and an extended age range of 16-74, will provide more robust estimates for low incidence behaviours and detail for a much wider range of variables.

It is clear that sexual behaviour data can be successfully collected in the context of the HSE, albeit in less detail in Natsal. The data collection and analysis in HSE 2010 have highlighted some areas where question design and routing may be improved to enhance data quality, and the questions on sexual behaviour (though not contraception) will be repeated in HSE 2012. The HSE provides a useful vehicle for monitoring sexual risk behaviour more frequently than is possible for the more detailed decennial Natsal surveys, and HSE 2010 has demonstrated the feasibility and utility of regular inclusion of such questions in a range of general health surveys.

References and notes

- 1 In some previous years questions women were asked whether they were taking the contraceptive pill, but no comprehensive or detailed questions on contraception more generally have been included before 2010.
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- 16 A sequela is any abnormal bodily condition or disease related to or arising from a pre-existing disease.
- 17 Nicoll A, Hughes G, Donnelly M, Livingstone S et al. *Assessing the impact of national anti-HIV sexual health campaigns: trends in the transmission of HIV and other sexually transmitted infections in England*. *Sex Transm Infect*. 2001;**77**(4):242-7.
- 18 European Centre for Disease Control and Prevention Technical report. *Review of Chlamydia control activities in EU countries*. Stockholm, 2008.
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- 20 In life table analysis, censored observations arise whenever the dependent variable of interest represents the time to a terminal event, and the duration of the study is limited in time. In this case the 'terminal event' is having sex. By the time of the interview, some participants had not yet had sex, and these participants represent censored observations.
- 21 The survival function is the cumulative proportion of cases surviving up to the respective interval. In this case, 'survival' is defined as the probability of not yet having had sex, and the 'interval' is the time of the interview. The survival function is calculated for each age year (i.e. those aged 16, aged 17 etc.) by multiplying the probability of 'survival' (i.e. not had sex) at that particular age by the probability at all previous ages.
- 22 Fenton K, Mercer C, McManus S, Erens B et al. *Ethnic variations in sexual behaviour in Great Britain and risk of sexually transmitted infections: a probability survey*. *Lancet* 2005;**365**:1246-55.
- 23 The question on contraception methods in the self-completion booklet for women presented a list of

methods including the options 'No method used - I have been sterilised/had a hysterectomy' and 'No method used - partner sterilised/had a vasectomy'. Overall 19% of women reported (at least one of) these 'surgical' options. This is a little higher than the proportion of women aged 16-49 in the ONS Omnibus 2008/09, when 17% reported these options (with a different set of questions to establish whether women had been sterilised). While it is possible that more women in the 50-54 age group than in other age groups had been sterilised, it is also possible that some women selected this option because they were 'sterile' having been through the menopause.

- 24 At the question about current methods of contraception, those who answered that they were not currently in a relationship were excluded to provide the base of those 'currently in a relationship with someone of the opposite sex' in Table 6.4.
- 25 The question about use of a condom on any occasion of having heterosexual sex in the last four weeks had four answer categories:
1. Used on every occasion
 2. Used on some occasions
 3. Not used in the last four weeks
 4. Not had vaginal or anal sex in the last four weeks.
- Table 6.7 is based on those who did not select the fourth category. However, it is possible that some of those who had not had sex in the last four weeks selected the third category.
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Tables

- 6.1 Number of sexual partners, by age and sex
- 6.2 Age when first had sex with someone of the opposite sex, by age and sex
- 6.3 Summary of current usual method of contraception (all women), by age
- 6.4 Current usual method of contraception (women with current sexual partner), by age
- 6.5 Current usual method of contraception (age-standardised), by equivalised household income
- 6.6 Whether single method or combination of methods of contraception used, by age
- 6.7 Whether condom used on any occasions of having sex in the last four weeks, by age and sex
- 6.8 Use of the emergency contraception pill in the last year, by age
- 6.9 Sources of contraception advice or supplies used in the last year, by age and sex
- 6.10 Whether ever tested for chlamydia, by age and sex
- 6.11 Where last tested for chlamydia, by sex
- 6.12 Why last tested for chlamydia, by sex
- 6.13 Whether ever had doctor-diagnosed sexually transmitted infections, by age and sex
- 6.14 Where last treated for doctor-diagnosed sexually transmitted infection, by sex

Table 6.1

Number of sexual partners, by age and sex

Aged 16-69						2010
	Age group					Total
	16-24	25-34	35-44	45-54	55-69	
	%	%	%	%	%	%
Men						
Opposite sex partners						
Never had sex with a woman	32	5	3	2	2	8
Ever had sex with a woman	68	95	97	98	98	92
Number of female sexual partners ever:						
1	20	12	11	17	25	17
2	11	10	6	10	12	10
3-4	13	12	16	18	19	16
5-9	12	24	27	25	19	21
10 or more	11	38	36	28	23	27
Mean no. of female sexual partners	4.2	12.2	12.1	10.1	7.7	9.3
Standard error of the mean	0.5	1.8	0.9	0.9	0.7	0.5
Median no. of female sexual partners	1	6	6	5	4	4
Number of female sexual partners in last year:						
Never had sex with a woman	32	5	3	2	2	8
None in the last year	7	5	6	13	28	12
1	41	75	85	81	67	70
2	8	6	3	2	2	4
3-4	8	5	2	2	1	4
5-9	3	3	1	1	0	2
10 or more	0	1	0	0	-	0
Same sex partners^a						
Never had sex with a man	98.0	98.6	96.6	96.6	97.5	97.5
Ever had sex with a man	2.0	1.4	3.4	3.4	2.5	2.5
Ever had sex with a man in last 5 years	1.7	0.9	2.7	2.0	0.8	1.6
Sexual partner summary						
Never had sex with women or men	30.5	4.2	1.3	0.6	1.2	7.1
Had sex with women only	67.5	94.4	95.3	95.9	96.2	90.3
Had sex with men only	0.4	0.5	1.4	1.1	0.8	0.8
Had sex with both men and women	1.6	0.9	2.1	2.4	1.8	1.8
<i>Bases (unweighted)^b</i>						
<i>Men</i>	322	401	512	521	723	2479
<i>Bases (weighted)</i>						
<i>Men</i>	544	569	600	591	651	2954

^a Some percentage estimates are shown to one decimal place because of low prevalence.

^b Bases vary but are of similar sizes; those shown are for whether had sex with opposite sex partner. Unweighted totals for other questions were:
 2270 for number of female sexual partners
 2436 for number of female sexual partners in last year
 2122 for not had sex with a woman in last 4 weeks
 2505 for sex with same sex partner
 2498 for same sex partner in last 5 years
 2418 for sexual partner summary.

Continued...

Table 6.1 continued

Aged 16-69

2010

	Age group					Total %
	16-24 %	25-34 %	35-44 %	45-54 %	55-69 %	
Women						
Opposite sex partners						
Never had sex with a man	26	2	2	2	1	6
Ever had sex with a man	74	98	98	98	99	94
Number of male sexual partners ever:						
1	17	19	17	23	40	24
2	11	10	11	13	16	12
3-4	16	24	23	27	22	23
5-9	18	26	29	26	14	22
10 or more	12	19	19	10	6	13
Mean no. of male sexual partners	3.8	6.4	5.7	4.4	3.4	4.7
Standard error of the mean	0.3	0.4	0.2	0.2	0.2	0.1
Median no. of male sexual partners	2	4	4	3	2	3
Number of male sexual partners in last year:						
Never had sex with a man	26	2	2	2	1	6
None in last year	4	6	8	19	36	15
1	53	86	88	77	62	74
2	9	4	2	1	0	3
3-4	6	2	1	0	0	2
5-9	1	0	0	-	-	0
10 or more	1	-	-	0	-	0
Same sex partners^a						
Never had sex with a woman	94.6	96.8	97.6	97.5	99.3	97.3
Ever had sex with a woman	5.4	3.2	2.4	2.5	0.7	2.7
Ever had sex with a woman in last 5 years	4.7	1.7	1.7	1.6	0.1	1.8
Sexual partner summary						
Never had sex with men or women	26.2	2.0	1.5	1.1	1.2	5.7
Had sex with men only	68.4	94.8	96.0	96.4	98.1	91.6
Had sex with women only	-	-	0.2	0.5	-	0.1
Had sex with both men and women	5.4	3.2	2.3	2.0	0.8	2.6
<i>Bases (unweighted)^b</i>						
Women	396	582	698	726	799	3201
<i>Bases (weighted)</i>						
Women	503	573	640	603	685	3004

^a Some percentage estimates are shown to one decimal place because of low prevalence.

^b Bases vary but are of similar sizes; those shown are for whether had sex with opposite sex partner. Unweighted totals for other questions were:
 2270 for number of male sexual partners
 2436 for number of male sexual partners in last year
 2122 for not had sex with a man in last 4 weeks
 2505 for sex with same sex partner
 2498 for same sex partner in last 5 years
 2418 for sexual partner summary.

Table 6.2

Age when first had sex with someone of the opposite sex, by age and sex						
<i>Aged 16-69</i>						2010
Age when first had sex	Age group					Total
	16-24	25-34	35-44	45-54	55-69	
	%	%	%	%	%	%
Men						
Below 16	22	25	21	18	15	20
Median age (10th, 90th centiles) ^a	17 (14, 23)	17 (14, 24)	17 (14, 24)	17 (15, 24)	18 (15, 24)	17 (15, 24)
Women						
Below 16	27	18	14	10	4	14
Median age (10th, 90th centiles)	16 (14, 24)	17 (15, 22)	17 (15, 22)	18 (15, 22)	18 (16, 23)	17 (15, 22)
<i>Bases (unweighted)</i>						
<i>Men</i>	322	401	512	521	723	2479
<i>Women</i>	396	582	698	726	799	3201
<i>Bases (weighted)</i>						
<i>Men</i>	544	569	600	591	651	2954
<i>Women</i>	503	573	640	603	685	3004

^a Centiles for age at first intercourse are calculated using life table analysis in STATA. For an explanation of life table analysis see Section 6.2.3.

Table 6.3

Summary of current usual method of contraception (all women), by age					
<i>Women aged 16-54</i>					2010
Methods of contraception	Age group				Total
	16-24	25-34	35-44	45-54	
	%	%	%	%	%
Women					
Use at least one non-surgical method	59	63	51	25	49
Use surgical method	-	5	25	41	19
Use any method	59	68	76	67	68
No method	9	19	13	15	14
No sexual relationship with a man currently	32	12	11	19	18
<i>Bases (unweighted)</i>					
<i>Women</i>	407	607	719	748	2481
<i>Bases (weighted)</i>					
<i>Women</i>	519	594	660	624	2397

Table 6.4

Current usual method of contraception (women with current sexual partner), by ageWomen aged 16-54 currently having sexual relations with someone of the opposite sex^{a,b}

2010

Methods of contraception	Age group				Total %
	16-24 %	25-34 %	35-44 %	45-54 %	
Women					
Non-surgical methods					
Mini pill	4.9	5.3	5.8	2.1	4.5
Combined pill	23.9	15.7	4.8	1.3	10.2
Contraceptive pill (not specified)	18.3	8.4	4.8	1.4	7.3
<i>Any contraceptive pill</i>	<i>47.1</i>	<i>29.4</i>	<i>15.4</i>	<i>4.9</i>	<i>22.1</i>
Male condom	36.4	25.1	18.9	11.9	21.9
Female condom	0.3	1.2	0.1	-	0.4
Morning after pill	1.1	0.1	0.2	-	0.3
Emergency intra-uterine device	0.3	0.5	-	-	0.2
<i>Any emergency contraception</i>	<i>1.4</i>	<i>0.6</i>	<i>0.2</i>	<i>-</i>	<i>0.4</i>
Coil/intra-uterine device (IUD)	1.2	4.5	8.9	4.8	5.3
Hormonal IUS (intra-uterine system) – MIRENA	1.0	3.0	5.7	4.6	3.8
Cap/ diaphragm	-	0.1	0.2	0.5	0.2
Vaginal ring – Nuvaring	0.6	-	-	-	0.1
Spermicides	-	-	-	-	-
Implants	11.3	5.8	1.8	0.5	4.2
Injections	4.8	4.1	2.0	1.2	2.8
Contraceptive patch	1.0	0.5	-	-	0.3
<i>Any long acting reversible contraception</i>	<i>16.9</i>	<i>10.4</i>	<i>3.7</i>	<i>1.7</i>	<i>7.3</i>
Natural family planning (safe period/rhythm method/Persona)	0.3	2.2	4.5	2.3	2.6
Withdrawal	2.0	3.0	4.6	2.9	3.3
Going without sexual intercourse to avoid pregnancy	0.6	0.4	1.0	0.4	0.6
Other non-surgical method	0.6	2.3	1.0	0.3	1.1
<i>Use at least one non-surgical method</i>	<i>87.0</i>	<i>71.7</i>	<i>57.4</i>	<i>31.3</i>	<i>59.8</i>
Surgical methods					
Sterilised	-	2.1	10.3	25.8	10.3
Partner sterilised	-	4.1	18.8	26.5	13.5
<i>Any surgical method</i>	<i>-</i>	<i>6.2</i>	<i>28.5</i>	<i>50.8</i>	<i>23.2</i>
Summary					
<i>Use at least one method</i>	<i>87.0</i>	<i>77.9</i>	<i>85.9</i>	<i>82.0</i>	<i>83.0</i>
No method	13.0	21.9	14.0	17.8	16.9
No methods used					
Pregnant	2.9	6.3	2.3	-	2.9
Want to become pregnant	2.4	9.9	3.8	0.9	4.4
Unlikely to conceive because of menopause	0.5	-	0.4	11.8	3.2
Unlikely to conceive because possibly infertile	0.7	1.3	3.7	2.2	2.2
Do not like contraception/ find methods unsatisfactory	1.6	2.2	1.4	0.4	1.4
Partner does not like/ will not use contraception	0.6	0.6	0.3	0.2	0.4
Don't know where to obtain contraceptives/ advice	-	-	0.1	-	0.0
Other reason	2.1	1.0	1.3	1.4	1.4
<i>At risk of unplanned pregnancy^c</i>	<i>4.3</i>	<i>3.8</i>	<i>3.2</i>	<i>2.0</i>	<i>3.2</i>
<i>Bases (unweighted)</i>					
<i>Women</i>	<i>284</i>	<i>528</i>	<i>636</i>	<i>602</i>	<i>2050</i>
<i>Bases (weighted)</i>					
<i>Women</i>	<i>355</i>	<i>520</i>	<i>587</i>	<i>509</i>	<i>1971</i>

^a Those who answered that they were not currently having sexual relations with someone of the opposite sex at this question were excluded to provide the base of those 'currently having sexual relations with someone of the opposite sex'.

^b Estimates are shown to one decimal place because of generally low prevalence.

^c 'At risk of unplanned pregnancy' is defined as using no method of contraception and not pregnant/trying to become pregnant/menopausal/possibly infertile.

Table 6.5

Current usual method of contraception (age-standardised), by equivalised household income

Women aged 16-54 and currently having sexual relations with someone of the opposite sex^{a,b}

2010

Methods of contraception	Equivalised household income quintile				
	Highest %	2nd %	3rd %	4th %	Lowest %
Women					
Non-surgical methods					
Mini pill	5.0	5.4	4.5	4.0	5.3
Combined pill	11.8	14.5	9.5	7.2	9.6
Contraceptive pill (not specified)	8.5	7.0	7.6	7.9	6.2
<i>Any contraceptive pill</i>	<i>25.4</i>	<i>26.9</i>	<i>21.5</i>	<i>19.1</i>	<i>21.1</i>
Male condom	24.6	27.1	18.6	19.6	18.2
Female condom	-	-	0.3	0.6	1.4
Morning after pill	1.6	-	-	0.4	0.3
Emergency intra-uterine device	0.5	-	-	0.4	-
<i>Any emergency contraception</i>	<i>2.1</i>	<i>-</i>	<i>-</i>	<i>0.7</i>	<i>0.3</i>
Coil/intra-uterine device (IUD)	3.8	5.3	6.9	6.2	4.0
Hormonal IUS (intra-uterine system) – MIRENA	4.3	3.8	3.9	5.3	1.8
Cap/ diaphragm	0.2	-	-	0.3	1.4
Vaginal ring – Nuvaring	-	-	0.5	0.4	-
Spermicides	-	-	-	-	-
Implants	3.9	3.1	4.5	6.1	4.7
Injections	2.3	2.2	2.2	3.7	3.8
Contraceptive patch	-	0.4	-	0.2	0.8
<i>Any long acting reversible contraception</i>	<i>6.2</i>	<i>5.4</i>	<i>6.7</i>	<i>10.1</i>	<i>9.2</i>
Natural family planning (safe period/rhythm method/Persona)	1.8	2.4	2.3	1.9	2.5
Withdrawal	3.5	2.7	3.0	5.1	1.7
Going without sexual intercourse to avoid pregnancy	1.2	0.7	0.2	0.8	0.2
Other non-surgical method	1.2	0.5	3.3	0.3	0.5
<i>Use any non-surgical method</i>	<i>63.4</i>	<i>62.6</i>	<i>59.7</i>	<i>60.2</i>	<i>54.0</i>
Surgical methods					
Sterilised	6.9	8.0	11.3	11.0	20.2
Partner sterilised	10.9	14.2	15.5	14.7	13.0
<i>Any surgical method</i>	<i>17.8</i>	<i>21.8</i>	<i>26.4</i>	<i>24.6</i>	<i>32.0</i>
Summary					
<i>Use at least one method</i>	<i>81.2</i>	<i>84.4</i>	<i>86.1</i>	<i>84.8</i>	<i>85.9</i>
No method	18.8	15.3	13.9	15.0	14.1
No methods used					
Pregnant	4.2	2.6	2.4	2.4	2.2
Want to become pregnant	5.4	4.6	3.9	3.6	2.1
Unlikely to conceive because of menopause	3.1	2.6	2.1	4.4	3.0
Unlikely to conceive because possibly infertile	2.7	2.9	1.8	1.1	1.0
Do not like contraception/ find methods unsatisfactory	1.3	0.9	1.7	0.6	2.5
Partner does not like/ will not use contraception	-	0.4	-	-	1.5
Don't know where to obtain contraceptives/ advice	-	-	-	-	-
Other reason	2.0	0.8	1.3	1.3	0.9
<i>At risk of unplanned pregnancy^c</i>	<i>3.3</i>	<i>2.1</i>	<i>2.9</i>	<i>1.9</i>	<i>4.9</i>
Bases (unweighted)					
<i>Women</i>	<i>455</i>	<i>433</i>	<i>314</i>	<i>320</i>	<i>257</i>
Bases (weighted)					
<i>Women</i>	<i>277</i>	<i>267</i>	<i>191</i>	<i>195</i>	<i>160</i>

^a Those who answered that they were not currently having sexual relations with someone of the opposite sex at this question were excluded to provide the base of those 'currently having sexual relations with someone of the opposite sex'.

^b Estimates are shown to one decimal place because of generally low prevalence.

^c 'At risk of unplanned pregnancy' is defined as using no method of contraception and not pregnant/trying to become pregnant/menopausal/possibly infertile.

Table 6.6

Whether single method or combination of methods of contraception used, by age

Women aged 16-54 using at least one non-surgical method of contraception

2010

Use of methods	Age group				Total
	16-24	25-34	35-44	45-54	
	%	%	%	%	%
Women					
Usually only use one method	77	87	91	94	87
Usually use methods in combination	18	8	3	1	8
Sometimes use one method, sometimes another	6	4	6	5	5
<i>Bases (unweighted)</i>					
Women	243	390	371	189	1193
<i>Bases (weighted)</i>					
Women	305	371	335	158	1170

Table 6.7

Whether condom used on any occasions of having sex in the last four weeks, by age and sex

Aged 16-69 and had sex with someone of the opposite sex in the last four weeks^a

2010

Use of condom	Age group					Total
	16-24	25-34	35-44	45-54	55-69	
	%	%	%	%	%	%
Men						
Used on every occasion	41	26	21	16	7	22
Used on some occasions	20	13	9	4	3	9
Not used in the last 4 weeks	39	61	70	80	91	69
Women						
Used on every occasion	31	23	18	12	5	18
Used on some occasions	17	9	5	2	2	7
Not used in the last 4 weeks	52	68	78	86	94	75
<i>Bases (unweighted)</i>						
Men	172	322	405	353	339	1591
Women	245	445	495	424	304	1913
<i>Bases (weighted)</i>						
Men	275	442	467	396	313	1892
Women	306	444	454	354	264	1822

^a The question about use of a condom on any occasion of having heterosexual sex in the last four weeks had four answer categories:

1. Used on every occasion
2. Used on some occasions
3. Not used in the last four weeks
4. Not had vaginal or anal sex in the last four weeks.

This table is based on those who did not select the fourth category. However, it is possible that some of those who had not had sex in the last four weeks selected the third category.

Table 6.8

Use of the emergency contraception pill in the last year, by age*Women aged 16-54 who have had sex with a man in the last year*

2010

Frequency of use	Age group				Total
	16-24	25-34	35-44	45-54	
	%	%	%	%	%
Women					
Used emergency contraception pill in last year	21	8	3	0	7
Used once	15	7	3	0	6
Used twice	4	1	0	-	1
Used three or more times	2	0	0	-	1
<i>Bases (unweighted)</i>					
<i>Women</i>	284	512	608	518	1922
<i>Bases (weighted)</i>					
<i>Women</i>	343	505	556	434	1838

Table 6.9

Sources of contraception advice or supplies used in the last year, by age and sex

Men aged 16-69, women aged 16-54

2010

Sources	Age group					Total	Total
	16-24	25-34	35-44	45-54	55-69	16-54	16-59
	%	%	%	%	%	%	%
Men							
Doctor or nurse at GP surgery	6	11	6	3	1	7	5
NHS family planning clinic	3	2	2	1	0	2	2
Pharmacy/ chemist	15	17	10	6	3	12	10
Sexual health clinic/ GUM (genitourinary medicine) clinic	8	4	1	1	0	3	3
Over the counter at petrol station/ supermarket/ shop	12	9	6	4	0	8	6
Internet website	5	3	2	1	0	3	2
Supplies from school/ college/ university services	7	1	-	-	-	2	1
Youth advisory clinic	1	-	-	-	-	0	0
Vending machine	6	2	2	1	1	3	2
NHS ante-natal clinic/ midwife	0	0	-	-	-	0	0
Private non-NHS doctor or clinic	0	2	-	0	0	0	0
Mail order	1	1	1	0	0	1	1
Hospital A & E department	0	-	0	-	-	0	0
Other source	2	1	1	1	0	1	1
Not sought advice or supplies	56	61	76	85	94	70	75
Women							
Doctor or nurse at GP surgery	45	45	29	11		32	
NHS family planning clinic	11	8	5	2		6	
Pharmacy/ chemist	7	7	5	2		5	
Sexual health clinic/ GUM (genitourinary medicine) clinic	9	5	2	1		4	
Over the counter at petrol station/ supermarket/ shop	3	4	2	1		3	
Internet website	5	2	1	1		2	
Supplies from school/ college/ university services	6	-	-	-		1	
Youth advisory clinic	2	-	-	-		1	
Vending machine	-	-	0	0		0	
NHS ante-natal clinic/ midwife	2	2	1	0		1	
Private non-NHS doctor or clinic	1	1	-	-		0	
Mail order	0	0	0	-		0	
Hospital A & E department	0	0	-	-		0	
Other source	0	0	1	1		0	
Not sought advice or supplies	33	39	61	84		55	
<i>Bases (unweighted)</i>							
Men	307	397	491	498	706	1693	2399
Women	387	575	662	641	n/a	2265	n/a
<i>Bases (weighted)</i>							
Men	517	563	572	563	637	2215	2852
Women	494	566	606	531	n/a	2196	n/a

Table 6.10

Whether ever tested for chlamydia, by age and sex

Men aged 16-69, women aged 16-54

2010

Sources	Age group					Total	Total
	16-24	25-34	35-44	45-54	55-69	16-54	16-59
	%	%	%	%	%	%	%
Men							
Never tested for chlamydia	73	79	91	94	99	84	88
Most recent test for chlamydia:							
In the last 3 months	5	1	1	-	-	1	1
At least 3 months, less than 6 months	6	2	1	0	0	2	2
At least 6 months, less than 1 year	7	3	0	0	0	2	2
At least 1 year, less than 2 years	6	3	1	0	0	3	2
At least 2 years, less than 5 years	3	9	3	1	0	4	3
5 years or more	1	4	4	4	1	3	3
All tested for chlamydia in last year	17	5	2	1	0	6	5
All ever tested for chlamydia	27	21	9	6	1	16	12
Women							
Never tested for chlamydia	56	57	75	88		70	
Most recent test for chlamydia:							
In the last 3 months	11	2	1	1		3	
At least 3 months, less than 6 months	8	4	2	1		3	
At least 6 months, less than 1 year	8	8	2	1		4	
At least 1 year, less than 2 years	11	7	4	2		6	
At least 2 years, less than 5 years	5	13	5	2		6	
5 years or more	1	7	11	6		6	
All tested for chlamydia in last year	27	14	5	2		11	
All ever tested for chlamydia	44	43	25	12		30	
<i>Bases (unweighted)</i>							
Men	323	417	541	538	775	1819	2594
Women	402	593	717	728	n/a	2440	n/a
<i>Bases (weighted)</i>							
Men	544	587	633	611	698	2375	3073
Women	512	582	658	602	n/a	2355	n/a

Table 6.11

Where last tested for chlamydia, by sex

Men aged 16-69, women aged 16-54 and ever been tested for chlamydia

2010

Where last tested	Men			Women	
	Aged 16-24	Total aged 16-54	Total aged 16-69	Aged 16-24	Total aged 16-54
	%	%	%	%	%
General practice (GP) surgery	7	9	9	29	37
Sexual health clinic / GUM (genitourinary medicine) clinic	34	58	59	27	31
NHS Family planning clinic/ contraceptive clinic/reproductive health clinic	8	6	6	11	11
NHS ante-natal clinic/midwife	-	0	0	4	7
Self-collected test (other than from pharmacy/chemist/internet)	16	7	6	6	3
Termination of pregnancy (abortion) clinic	n/a	n/a	n/a	3	2
Youth advisory clinic (e.g. Brook clinic)	4	2	1	2	1
Self-collected test from pharmacy/chemist	-	1	1	4	1
Self-collected test from internet	-	0	0	2	1
Private non-NHS doctor or clinic	1	1	1	-	0
Hospital accident and emergency (A&E) department	0	1	1	1	1
Somewhere else	31	15	15	9	5
<i>Bases (unweighted)</i>	88	261	271	182	702
<i>Bases (weighted)</i>	145	364	372	223	705

Table 6.12

Why last tested for chlamydia, by sex

Men aged 16-69, women aged 16-54 and ever been tested for chlamydia

2010

Why last tested	Men			Women	
	Aged 16-24	Total aged 16-54	Total aged 16-69	Aged 16-24	Total aged 16-54
	%	%	%	%	%
Wanted a general sexual health check up	44	48	48	40	37
Offered a routine test	41	25	25	40	39
Had no symptoms but worried about the risk of chlamydia	11	10	10	12	8
Had symptoms	4	10	9	4	5
Notified because a partner was diagnosed with chlamydia	7	7	7	4	3
Partner had symptoms	5	6	6	1	2
Check-up after previous positive test	1	1	1	1	1
Other reason	4	4	4	10	11
<i>Bases (unweighted)</i>	88	261	271	181	700
<i>Bases (weighted)</i>	147	366	374	222	703

Table 6.13

Whether ever had doctor-diagnosed sexually transmitted infections, by age and sex

Aged 16-69 and ever had sex (same sex or opposite sex partner)^a 2010

Ever had doctor-diagnosed sexually transmitted infections (STIs) ^b	Age group					Total
	16-24	25-34	35-44	45-54	55-69	
	%	%	%	%	%	%
Men						
Chlamydia	4.0	5.0	1.7	1.8	-	2.2
Genital warts	0.5	4.3	3.6	2.8	1.0	2.5
Herpes	-	1.8	1.7	1.4	-	1.0
Pubic lice/crabs	0.9	0.7	1.9	2.0	1.7	1.5
Gonorrhoea	-	0.7	1.1	0.6	1.2	0.8
Syphilis	-	0.4	0.4	0.3	-	0.2
Hepatitis B	-	0.7	0.4	0.3	0.5	0.4
Trachomonas vaginalis	-	-	-	-	-	-
Men only						
NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)	-	2.1	1.6	2.3	3.3	2.1
Epididymitis	-	0.7	0.6	0.4	-	0.4
An STI, can't remember which	-	0.9	0.4	0.6	0.4	0.5
Any STI	5.4	11.8	9.5	10.0	6.1	8.7
More than one STI	-	1.8	2.6	1.5	1.3	1.6
None of these	94.6	88.2	90.5	90.0	93.9	91.3
Women						
Chlamydia	8.9	6.5	3.5	1.6	0.8	3.8
Genital warts	1.2	3.5	5.3	3.2	1.1	3.0
Herpes	1.0	1.8	2.1	1.2	1.6	1.6
Pubic lice/crabs	-	0.6	0.3	0.3	0.6	0.4
Gonorrhoea	0.4	0.4	-	0.6	0.6	0.4
Syphilis	-	0.2	-	0.1	0.1	0.1
Hepatitis B	-	0.3	0.5	0.5	0.2	0.3
Trachomonas vaginalis	0.4	0.1	0.5	0.6	0.4	0.4
Women only						
Bacterial vaginosis	5.4	5.1	3.1	2.8	0.4	3.1
Pelvic inflammatory disease	1.3	0.1	1.7	1.4	0.5	1.0
Vaginal thrush ^c	21.3	29.3	35.0	30.7	27.0	29.3
An STI, can't remember which	0.5	0.7	0.6	1.1	0.8	0.8
Any STI (excluding vaginal thrush) ^c	15.9	16.9	14.5	11.3	5.2	12.4
More than one STI (excluding vaginal thrush) ^c	2.0	2.1	2.8	1.7	1.7	2.1
None of these	67.6	61.3	59.7	64.8	71.8	64.9
Bases (unweighted)						
Men	192	344	461	491	669	2157
Women	256	511	617	641	661	2686
Bases (weighted)						
Men	318	482	540	557	603	2499
Women	318	504	565	532	568	2487

^a Estimates are shown to one decimal place because of generally low prevalence.

^b Note that the lists of STIs were slightly different for men and women.

^c While some cases of vaginal thrush are sexually transmitted, many are not; it is not possible to differentiate with the HSE data.

Table 6.14

Where last treated for doctor-diagnosed sexually transmitted infection, by sex

Aged 16-69 and ever had sex (same sex or opposite sex partner) and ever had an STI^{a,b} 2010

Where last treated	Sex	
	Men	Women
	%	%
Sexual health clinic / GUM (genitourinary medicine) clinic	64.4	48.0
General practice (GP) surgery	22.0	34.5
NHS Family planning clinic/ contraceptive clinic/reproductive health clinic	4.7	6.7
Pharmacy / chemist	3.9	1.1
Hospital accident and emergency (A&E) department	2.1	2.7
Private non-NHS doctor or clinic	1.3	1.0
NHS ante-natal clinic/midwife	-	0.8
Internet site offering treatment	-	-
Termination of pregnancy (abortion) clinic	-	1.5
Youth advisory clinic (e.g. Brook clinic)	-	0.6
Somewhere else	1.5	3.1
<i>Bases (unweighted)</i>	<i>159</i>	<i>107</i>
<i>Bases (weighted)</i>	<i>194</i>	<i>99</i>

^a Excludes women who mentioned vaginal thrush but no other STIs.

^b Estimates are shown to one decimal place because of generally low prevalence.