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This report can be referenced as  
**Fallon D, Long T, Wray J (2009)**  
**Evaluation of teenage pregnancy interventions in Wigan.**  
**University of Salford.**

ISBN: 978-1-905732-56-2



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## Evaluation of Teenage Pregnancy Interventions in Wigan



**University of Salford**  
A Greater Manchester University

April 2009



## FINAL REPORT

April 2009

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# Acknowledgements

We would like to thank Julie Hotchkiss of Ashton Leigh and Wigan Primary Care Trust for commissioning us to undertake this work.

The research team is also grateful to the service providers who acted as advisors, and for sharing their ideas and expertise.

We would also like to acknowledge the major contribution of the Young Consultants from Westleigh High School who were critical to the success of this study, particularly in developing the questionnaire, and whose photographs are used in this report.



# Foreword

Trying to influence a social phenomenon as personal as the reproductive choices of young people is a significant challenge. Currently, only a small proportion of under-18 conceptions results from a conscious decision to reproduce, whilst the remainder are the unintended consequence of at least one unprotected sexual act.

Addressing this issue in the UK presently involves changing societal norms, or influencing individual young people to reduce their sexual activity, or trying to increase the proportion of sexual acts which are “protected”. Most areas try a combination of the above, implemented in various ways with a variety of initiatives. In Wigan borough, statistics illustrate that teenage pregnancy rates (under-18 conceptions) remain overall at about 50 per thousand girls aged 15-17 years which means that the target reduction is not yet being achieved. However, the overall rate may mask the fact that some of the initiatives and services are having the desired impact - it simply remains unclear which.

This project aimed to elicit the knowledge, attitudes and behaviours of those young people in contact with sexual health services generally, and those services funded by the teenage pregnancy budget specifically, with a view to determining the impact of each service on these issues.

Rather than a one-off evaluation of a specific initiative, we required a data collection tool that could be used on an on-going basis. I am delighted with the tool that the University of Salford has developed for us, and hope to work with the researchers in the future on further analysis.

The next challenge is to increase uptake of the tool by the key services. There are clearly a number of logistical issues, such as poor internet connectivity at some sites, and a reticence from staff who may feel that it interferes with the relationship they have with their clients. However, I don’t believe that these problems are insurmountable. Those of us involved in commissioning are increasingly required to evidence the effectiveness of the services we commission, and decision-making must be transparent. Without information on needs and outcomes we will not succeed in the aim of reducing unplanned conceptions in our young people.

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# General Introduction

This report presents the findings from a 12 month study that involved the development of an online questionnaire, and analysis of over 50 completed responses. The questionnaire aimed to determine the impact of a variety of services in Wigan that currently engage in strategies to reduce teenage pregnancy rates in the borough.

The report begins with the background and specific study aims and objectives followed by a policy and literature overview. Details of the study design and processes undertaken to develop the instrument are given, together with data collected from a number of participating sites. This data was analysed and the findings and recommendations are presented.

## Background to the Study

Current UK government policy continues to focus on increasing the uptake of contraception and improving the delivery of sexual health services among teenagers. Accessible location and availability, confidentiality and non-judgmental staff are now recognized as essential qualities of these services.

Wigan is one of 22 areas in the UK identified as having high rates of teenage pregnancy and limited progress in rate reduction. Highest rates of under-18 conceptions occur in Ince (91.6) Norley (90.1) Abram (85.8) Newton (84.4) Atherton (83.6) and Hindley (79.2). Lowest rates occur in Langtree (24.1) and Aspull-Standish (26.0) (ONS statistics for 2004-2006). A downward trend in the under-16 conception rates is yet to be established, and remains higher than both the North West and national rates. 42% of under 18 conceptions in Wigan end in abortion (ONS 2006) which is lower than the North West (46%) and national (46%) rates. Repeat abortions for under 19s are at 7.5% (ONS 2007) compared to the national rate (10.4%) (Teenage Pregnancy Update, 2009).

The local delivery plan (LDP) for Ashton, Leigh and Wigan PCT produced in March 2007 outlined performance and key actions and achievements which, in terms of the healthcare commissioning targets for children and young people, attends to Public Service Agreements related to teenage conception rates and access to genitourinary medicine clinics. Other Department of Health (DH) targets included access to termination of pregnancy services. The action plan for the LDP indicated amber for February 2007. The plan suggested that the PCT continue to work in close partnership with children and young peoples services to improve sex related education in schools.

The Teenage Pregnancy Update produced for the PCT board by Kate Ardern (Director of Public health) and Eleanor Mansell (Teenage Pregnancy Co-ordinator) in January 2009 indicated that the school nurse led initiative “clinic in a box” already available at 4 high schools will expand to 2 further high schools and all new Key Stage 3 and Key Stage 4 pupil support centres from summer 2009. In addition, Delay training is to be offered to both school and non-school staff, and school nurses and teachers are to be recruited to the national PHSE CPD programme for the sex and relationships education (SRE) element. School SRE is also to work towards matching national guidance and to integrate raising awareness of links between alcohol and drug use with unsafe sexual behaviour. In addition, parents are to be offered “Speakeasy” programmes. There are also plans to expand the Free EHC scheme which is currently available in 40 of 67 pharmacies.

Two established key interventions for the area are the TicTac Bus and the C Card Scheme. The TicTac (Teenage Information Centre Teenage Advice Centre) bus is a mobile advice and information centre for young people in the Wigan area that began in October 2005. It is a multi-agency multi-professional initiative that aims to access “hard to reach” and vulnerable young people. The key aims of this initiative are to reduce teenage conception rates in the 6 identified hotspots (Abram, Atherton, Ince, Leigh Central, Newtown, Norley), to increase awareness of health and sexual health issues amongst young people, and, in particular, to engage young men. It offers quick and easy confidential access to information relating to contraception and sexual transmitted infection (STI) and free condoms for those who register for the C Card. The 2007 LDP for Ashton, Leigh and Wigan PCT indicated plans for urine sample collection for Chlamydia screening to be carried out on the TicTac bus as part of the Greater Manchester screening programme.

The C card scheme was implemented in April 2005 with the aim of increasing accessibility, acceptability and availability of condoms for young people in the context of supporting young people to delay sex until they are ready. The service aimed to provide confidential access at times to suit the target group of hard to reach and vulnerable young people in addition to providing support, guidance and accurate information, and to facilitate better informed, safe, and responsible decisions about sexual health and behaviour. Further development and targeted expansion is planned for 2009/2010.

## Aims and Objectives of the Evaluation

The broad *aim* of the evaluation was to:

- a) Gain insight into the impact of teenage pregnancy interventions deployed by the PCT.

The *objectives* of the study were to:

- a) To design an instrument which measures the impact of the two interventions on knowledge, attitude, and behaviour in young people relating to teenage pregnancy and associated issues.
- b) To gather and analyse baseline data from an agreed sample of young people using this instrument.
- c) To provide the sponsor with a refined instrument and process for ongoing collection of data for longitudinal assessment of interventions.
- d) To disseminate findings locally and nationally.

# Policy and Literature Overview

## Teenage Pregnancy

Current policy and research informs us that in the UK adolescents are becoming pregnant unintentionally and in high numbers. Rates peaked in the UK in 1998, but showed an overall reduction from 1999 following the publication of the Teenage Pregnancy Strategy (TPS) (Social Exclusion Unit (SEU) 1999) - a strategy that aimed to reduce teenage pregnancy rates in this country by 50% by 2010.

The reduction of teenage pregnancy and sexually transmitted infection rates have since become an integral part of many more policy documents including Every Child Matters (Department for Education and Skills (DfES) 2003) and Choosing Health (Department of Health (DH) 2004) and it features as part of the National Service Framework for Children, Young People and Maternity Services (DH, 2004). Progress towards meeting the teenage pregnancy target is also one of the NHS Performance Indicators for primary care trusts. The strategy has been “accelerated” to 2010, where all areas have agreed local conception reduction targets of 40-60%, with the greatest reductions sought in the highest rate areas (DfES 2006).

In the UK the strategy has four major components which include a media campaign, enhancing collaboration between statutory and voluntary agencies, improving sex and relationships education, and finally increasing the numbers of teenage parents returning to education, training or employment (Wilkinson et al 2006).

The strategy itself and the evaluations that have followed highlight that the highest proportions of teenage pregnancies occur in geographical areas of high deprivation and in the most socio-economically disadvantaged groups. Indeed, the accelerated strategy (DfES 2006) suggests that the risk factors identified provide a compelling case for targeted action. A geographical focus on high rate neighbourhoods has been recommended, where a set of 13 risk factors (including parental aspirations, low educational attainment, alcohol and substance misuse, repeat abortions, and early onset of sexual activity) are to be incorporated into risk assessments undertaken by agencies and professionals working with children and young people, which are then fed into local data collection systems. The data will be used to identify high risk or “poorly performing” local authorities, schools and their catchment areas. The media and public are then to be alerted of progress, with a view to potential intervention in poorly performing areas.

## Teenage Pregnancy Rates

The 2005 evaluation of the TPS suggested that since 1998 there has been a reduction in the under 18s conception rate of 9.8% and in the under 16s of 9.9%, with a decline in rates of between 8-16% in eight out of nine regions. Although it seems that declines have been greatest in areas receiving higher amounts of strategy-related funding, Wilkinson et al (2006) suggest that this provides only limited evidence that the national strategy has been effective, with the full effect of local prevention becoming clear only with longer observation.

Data published in February 2009 (ONS and Teenage Pregnancy Unit) indicate that the (provisional) 2007 under-18 conception rate per 1000 girls aged 15-17 represents an overall decline of 10.7% since 1998 and that the under-16 conception rate for England is 6.4% lower than the 1998 baseline. However, the figures also indicate that the rates have since risen for the first time in five years.

## Teenage Pregnancy Rates in Wigan

ONS data for 1998-2004 indicated a decrease of teenage conceptions of 11.1% in England compared with only 4.3% in Wigan which meant that the under-18 conception rates were above the national and North West averages. The latest (ONS 2009) statistics show that the under-18 conception rate for Wigan in 2006 was 53.1 in comparison to the North West (44.2) and national (40.6) rates. Following a significant rise in under-18s conceptions between 2004 and 2005 for Wigan, the statistics illustrate a significant reduction of -10.4% achieved between 2005 and 2006, although this is still higher than both the regional and the national statistics. It has been recognised that it will be a significant challenge for Wigan to meet the TPS target for 2010.

## Interventions - a focus on knowledge, attitudes and behaviour

Current health policy has a two-pronged approach to teenage sex. First, there has been a widening of access to all forms of contraception for teenagers in the UK, but additionally there is significant policy emphasis on delaying early sex (eg: RU Ready?) because it has been associated with regret and risky sexual behaviours such as non-use of contraception and unintended pregnancy.

What is clear is that the effectiveness of many of the interventions is underpinned by a focus on the triad of knowledge, attitudes, behaviour - with a view to determining the most appropriate timing for imparting knowledge and the most effective methods in terms of impact on sexual health behaviour. Establishing knowledge about any health intervention is of immense interest in healthcare since although knowledge does not necessarily lead to the uptake of a healthy behaviour, lack of knowledge is always considered to be a barrier. Often, investigations into high rates of teenage pregnancy or sexually transmitted infection begin with an exploration of whether the adolescents had adequate knowledge and then move on to ask whether they acted on this knowledge.

Issues of attitude and behaviour most often focus on adolescence as a distinct and often problematic phase of life. Much of the debate about attitudes is underpinned by the concept of “risk” and particularly “risk taking”, not least because in health terms risk is fundamentally associated with adolescence as a distinct developmental stage where young people are typically viewed as having strong beliefs about their own invulnerability and an inability to judge risks appropriately. However, such an assumption has the potential to create a tension between sexually active adolescents who need treatment or advice about sex and sexual health, and those with the power to influence the policy and practice of such service provision. It has also led to a great deal of research effort that aims to understand why youth engage in behaviours that potentially threaten their health.

The impact of gender on young women's ability to make sexual decisions within their relationships (Harlow et al 2005) suggested that professionals in Wigan were aware that boys are dominating sexual relationships with girls, controlling the decisions to initiate when the couple have sex and whether contraception should be used. Although this study implied this may be a problem particular to Wigan, Dehne and Riedner's (2005) review of literature documenting existing experience with the provision of services for sexually transmitted infection to adolescents worldwide suggests that gender-based inequalities put girls and young women at increased risk of acquiring STIs, and also affect their access to prevention and care services. Worldwide, the highest reported rates of STIs are found among those aged between 15 and 24 years (Dehne and Riedner, 2005), which, together with the concerns about teenage conception rates, indicates that the importance of increasing young people's ability to negotiate sexual and contraceptive decision-making has, therefore, become paramount.



## School-based sex education

Currently, school-based sex education in English schools is not compulsory. The competing philosophical beliefs between those who advocate early formalised sex education and those who believe that this encourages promiscuity has confounded progress in relation to timing, content and delivery of effective provision.

Traditionally, sex education has tended to be covered within the science content of the national curriculum with emotional or social aspects of the subject playing a lesser role. Individual schools and their governors make decisions about whether to provide more specific SRE. At the same time they must also extend the legal right of parents to withdraw children from these sessions. Therefore, effective sex education relies not only on the skill and will of individual school nurses and teachers to explore the wider social issues in the classroom, but also on the political persuasion of governing bodies and parents. Consequently, a disjointed provision emerges, one that is characterised by uncertainty around agreed practice in some schools and sensationalist reporting of sex education lessons in others.

However, in 2007 the Department for Children Schools and Families (DCSF) formed an external steering group to review the delivery of SRE in England, and the report became available in October 2008. Tables 1 and 2 summarise the key findings of the review and the government response to the recommendations.

**Table 1: Key findings of the review**

- SRE is not generally taught well particularly when delivered by untrained form tutors.
- It often lacks relevance for young people and is not inclusive of lesbian, gay, bisexual and transgendered young people or those with disabilities.
- Many schools give insufficient classroom time to the development of skills or confidence required to manage situations such as resisting pressure to engage in unwanted sex or negotiating condom use.
- The assessment of learning in SRE is weak, making it difficult to evaluate its impact on the knowledge, behaviour and attitudes of children and young people.

**Table 2: Government response to the key recommendations of the review**

- By 2010, personal, social and health education (PSHE) should become a compulsory part of the curriculum with a statutory programme of study from Key Stage 1 to 4 or ages five to sixteen. A working group should be formed to consider the post-16 age group.
- In order to improve the skills and confidence of those that deliver SRE, future Initial Teacher Training should incorporate guidance for teachers in this area and should include an option to complete a specialist PHSE route.
- Revision of the 2000 SRE guidance for schools to account for the “Every Child Matters” (DFES, 2003) agenda and “Healthy Schools” initiatives.
- Revision of the current parent information leaflet to include the SRE topics delivered within each key stage for parents who lack knowledge and confidence in this area.
- Provision of training and information for governors on the benefits of SRE.
- Young people should be involved in the design of future SRE programmes
- Schools should be encouraged to draw on external professionals and agencies to enhance the delivery of SRE

New SRE guidance is to be proactive with an emphasis on ‘relationships’ within a framework of rights, respect and responsibilities. Separate guidance on SRE provision is provided for faith schools which should include issues such as contraception, abortion and homosexuality alongside differing religious beliefs.

## Design of the Study

### Project management

The study has been undertaken by researchers from the Salford Centre for Nursing, Midwifery and Collaborative Research at the University of Salford. The project was co-led by Dr Debbie Fallon (Senior Lecturer in Children and Young People) Professor Tony Long (Professor of Child and Family Health) and Julie Wray (Senior Lecturer).

### Advisory Group

An advisory group comprising of service providers met twice to discuss the instrument design and site access. This group played a key role refining the data collection tool, advising on potential sites and means of accessing participants, and promoting the data collection for their site.

### The Young Consultants

Both the research team and study commissioners were committed to meaningful user involvement in the research process as is good practice (INVOLVE 2004). The research team had particular expertise around service user involvement/public engagement and so an advisory group of “Young Consultants” was established at the start of the study in accordance with good practice principles. This group comprised of 12 young people aged between eleven and fifteen from the school council at Westleigh High School. The team met with this group twice to discuss the questionnaire design and again to pilot the tool once completed.

A wider group from the school comprised of two cohorts from years ten and eleven was involved as participants and provided important feedback to the team for further refining of the tool.

### Methods

The objectives for this project included the development of an on-line data collection tool and data collection and analysis for 50 respondents who had used the tool. The “data” therefore included both information related to the design of the tool and the responses from the tool itself. Information sharing related to the design of the tool took place via meetings with service providers and service users (the Young Consultants). The data from the tool was collected via an online survey mechanism called “SurveyMonkey” which encompassed:

- Web-based design and completion.
- Single or multiple choice, rating scales, dropdown menus, and other possibilities.
- Low demand on technology for respondent.
- Ability to update at any time.
- Collect responses from different groups to show separately or amalgamated.
- “Skip-logic” to filter questions that are not appropriate after lead questions.
- Summary statistics & export to Excel/SPSS available.

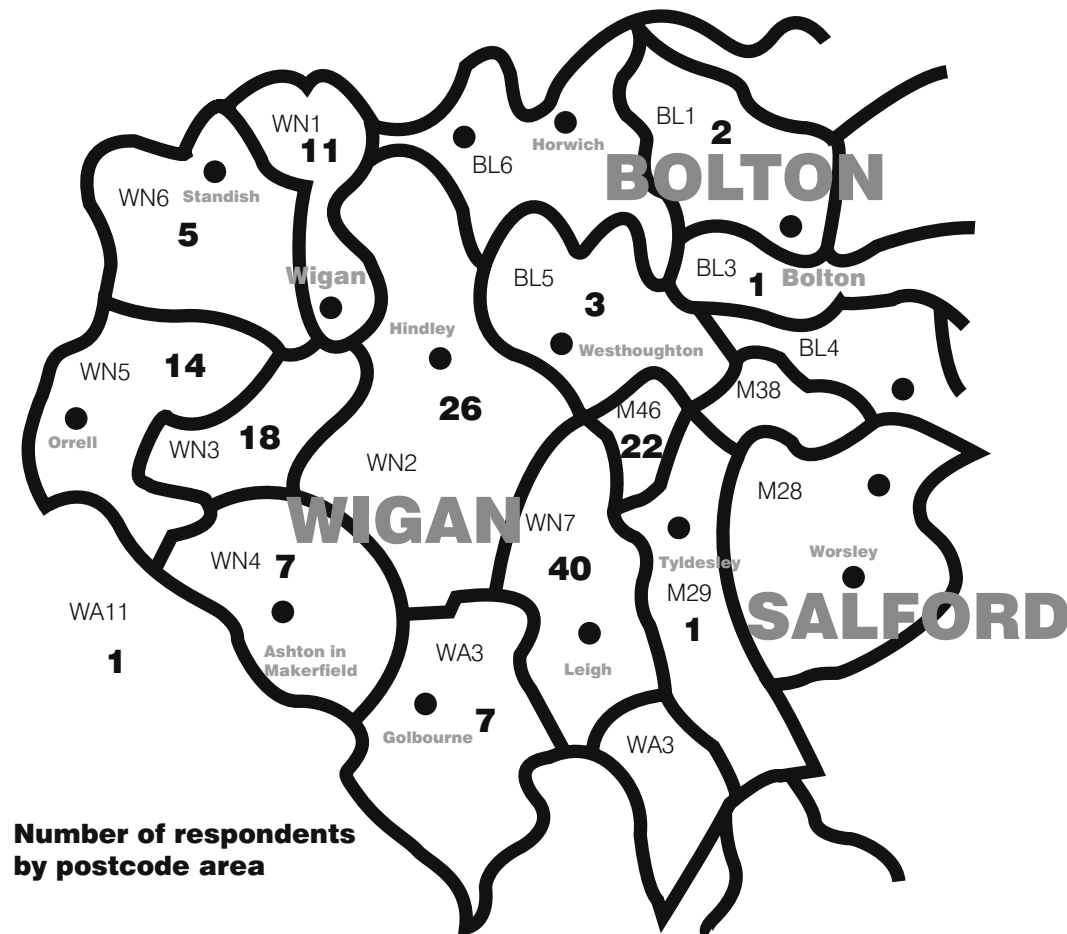
The project was originally designed to evaluate the impact of two teenage pregnancy strategies that had been deployed by the PCT for two years (C Card Scheme and TicTac Bus). This was to be achieved through the development of an on-line questionnaire that focused on the knowledge, attitudes and behaviour of the target population. The questionnaire was intended for repeated use by the PCT to provide data for longitudinal assessment of change in the population over a period of years.

The tool and the project focus were adjusted several times during the study in the light of participant responses and further advisor feedback.

The population being targeted was young people under 18 years old who had used services in Wigan that engaged in activities related to the reduction of unintended teenage pregnancy. The original proposal sought a sample of fifty respondents who had successfully completed the on line survey. A six months study extension was agreed due to service providers' difficulty establishing the survey either via laptop or URL within their site.

The size and composition of the sample completing the online survey could not be predicted, but data collected provided indicators of population factors being represented. The aim was to include a range of young people from across the borough (assessed by partial or complete postcode), both male and female, of varying ethnic background, and between the ages of 10 and 18.

**Figure 1: Mapping of respondents by postcode**



The use of a formal control group was inappropriate in this case, since young people's choice of sources of information was not susceptible to direction by the research team, and it would have been unacceptable to restrict access to the existing interventions. However, from the data collected it was possible to distinguish between sites, allowing some comparison of responses between those groups if the data became available.

### Ethics and Research Governance approvals

The evaluation did not fall within the remit of NHS Local Research Ethics Committee (LREC) since there was no involvement of NHS patients, relatives or staff as participants. For the same reason, research governance approval was also not required. Approval was gained from the University of Salford Research Governance and Ethics Committee.

## Instrument Development

A structured, focused approach was taken to development of the questionnaire.

### ***Lessons from previous evaluation***

A review of 73 reports purporting to evaluate sexual health interventions (Oakley et al, 1995) found that only 18% were judged to be methodologically sound. The review stated that 69% of the studies lacked random control groups, failed to present pre-intervention (68%) or post-intervention (59%) data and 40% omitted to discuss the relevance of loss of data caused by drop-outs. They concluded that design in evaluations needs to be improved so that reliable evidence of different approaches to promoting young people's sexual health may be generated. While the perspective of the nature and hierarchy of evidence represented by Oakley et al (1995) is restrictive, the message that further evaluation needs to be rigorous is clear.

In the absence of an existing instrument which was fit for purpose, the research team designed an on-line questionnaire in association with collaborating PCT colleagues and in consultation with group of young people providing a user perspective. In addition to establishing a baseline of data, it was intended that the instrument would be available for repeated use by the PCT to provide for longitudinal assessment of change in the population over a period of years.

### ***Guiding Principles for the Design***

The questionnaire was intended to focus on the impact of the sexual health services provided across several sites on the knowledge, attitude and behaviour of the target population with specific reference to making safe sexual health choices. The instrument was designed with a view to continued use following completion of this study subject to modification commensurate with developments in the PCT's teenage pregnancy strategy.

Kirby (2007) divides the factors that might impact on these decisions into “risk” or “protective” factors. Risk factors encourage behaviour that might lead to pregnancy or STI or discourage behaviour that could prevent such behaviour. Protective factors discourage behaviour that could lead to pregnancy or STI or encourages behaviour that helps prevent pregnancy or STI. Importantly, some of these factors have been identified as amenable to change whereas others are not.

Kirby (2007) suggests that more than 500 factors can be identified that affect one or more sexual behaviours (such as initiation of sex, frequency of sex, numbers of partners, use of condoms, use of other contraception) and divides these risk factors into 4 themes.

1. Individual biological factors (physical maturity and gender)
2. Disadvantage, disorientation and dysfunction in their lives and environments
3. Sexual values and attitudes and modelled behaviour
4. Connection to adults and organizations that discourage sex, unprotected sex, or early childrearing



Kirby (2007) suggested that the feasibility of changing these factors ranged from:

- (\*) Extremely difficult for prevention programmes to change directly themselves
- (\*\*) Difficult for prevention programmes to change unless they have special programmes or capabilities
- (\*\*\*) Most amenable to change directly by prevention programmes.

So, for example, in the (\*) category, interventions were thought to be very unlikely to impact on the risk factors “High proportion of foreign born residents” or “High level of parental education”. Similarly, it would be difficult to impact on factors in the (\*\*) category such as “Older siblings’ early sexual behaviour and early age at first birth”.

Those factors in the (\*\*\*) category (most amenable to change) included:

Communication about Sex and Contraception: Here, greater parent-child communication about sex and contraception was a protective factor.

Peer Attitudes and Behaviour: Protective factors included positive peer norms or support for condom and contraceptive use and peer use of condoms. Risk factors included peers who had pro-childbearing attitudes or behaviour, who had permissive values about sex, and who were sexually active.

Sexual Beliefs, Attitudes and Skills: Risk factors included permissive attitudes to premarital sex, where protective factors included, for example, perceived greater male responsibility for pregnancy prevention, stronger beliefs that condoms do not reduce sexual pleasure, positive attitudes towards condoms and other forms of contraception, greater confidence in ability to demand condom use, greater confidence in using condoms or other forms of contraception, greater motivation to use condoms or other forms of contraception, greater perceived negative consequences of pregnancy, and greater motivation to avoid pregnancy and STI.

Relationships with Romantic Partners and Previous Sexual Behaviour: Protective factors included older age at first voluntary sex, discussing sexual risks with partner, and previous effective use of condoms or contraception. Risk factors included greater frequency of sex, having a new sexual relationship, having a greater numbers of sexual partners.

A review of the aims and objectives of the TicTac Bus and C Card Scheme indicated a focus on Kirby’s (2007) important factors that can be changed.

The instrument for this study was developed using the key areas identified from the research evidence, the teenage pregnancy strategy, the objectives set for the TicTac bus and C Card, and advice from the young people and PCT staff advising the project team. These areas included:

- relationships and rules
- risk behaviour and choices (eg: number of unprotected episodes)
- access to services (and choices made)
- timing of access to services in relation to sexual behaviour
- parental influences on knowledge, attitude and behaviour
- sources of knowledge and sex education



**Construction and testing of the instrument**

Personal data was restricted to that which was essential to establish the profile of the population using the services - age, gender, ethnicity, postcode area (without the last digit if preferred) - and persistence of access to the two interventions - previous use or not.

**Structure**

The final questionnaire (see appendix 1) incorporated requested changes and was comprised of 59 questions in total, divided into 5 sections which were:

1. Demographic details.
2. What do you know? and What do you do? (about contraception, sex and relationships, avoiding pregnancy and STI)
3. Attitudes to risk taking, contraception, STI, and alcohol use.
4. Services used
5. Where are you now? General perceptions of current knowledge needs

A request was also made to incorporate a series of “true/false” questions to identify knowledge deficits.

**Quality Criteria for the Questionnaire**

In discussion with PCT staff and the young consultants during the design stage, the research team sought feedback on key criteria for ensuring the quality of the questionnaire. These criteria related to Clarity – including the purpose of the survey and the nature of feedback expected; Acceptability – in relation to terms used, process for participation, and fit with organisations’ principles; Ease of understanding – including question content and instructions for accessing and completing the questionnaire; and Likelihood of completion – young people in a variety of circumstances and locations.

**Feedback from the PCT and Partner Organisations**

Draft 1 of the questionnaire was distributed across the relevant staff by the PCT. Concerns were raised about:

- 1) The sole focus on TicTac and C Card Site provision. For example:  
“I was under the impression from the proposal that the aim was to capture information on a number of young people’s sexual health services in the borough - could someone please clarify whether it is just to evaluate the impact of TicTac? ... and I wonder if it would be useful to get a better sense of the bus by comparing it to other services in the borough and young people’s opinions of them”
- 2) The questionnaire focus on teenage pregnancy to the detriment of other information provided by the services, for example:  
“The questions seem to be all focused on the provision on sexual health information through the Bus - there is no recognition that the Bus actually deals with a huge array of issues. Therefore asking whether someone knows more about STIs after visiting the Bus is not a valid question if they came on the Bus to talk about their cannabis habit. There are many cases of this throughout the survey”

- 3) The clarity of the questions and the language used, for example:
- “Given the levels of literacy of many of the young people that access the bus the survey would be impossible to answer on their own and they would need an adult to guide them through every question”
- “I feel that the survey makes a number of assumptions about the young people who may answer it, is completely heterosexist and the language used is not young people friendly in many cases”
- 4) The availability of incentives/rewards for those who completed the questionnaire.
- “Is there going to be any incentive for young people to complete this survey? It is very long and young people on the bus are asked time and time again to complete questionnaires with nothing in it for them”
- 5) The role of staff in terms of laptop security:
- “Also with regards to security laptops on the bus - this will need to be investigated further as it would be very easy for someone to run on the bus and take a laptop unless they are properly secured in some way – are TicTac staff meant to spend time guarding laptops?”

**Modification to the Questionnaire**

The research team revised the project focus to incorporate a wider set of providers/interventions in the questionnaire. Staff were assured by the sponsor that the laptops would be secured and that staff would not be expected to guard them.

In terms of the perceived heterosexist slant, the term “partner” had been discussed with the young consultants as a preference to boyfriend/girlfriend but it was rejected in most instances as as being confusing. However, the original “skip logic” filters that led to male/female surveys were removed as they were considered by some members of the PCT group to be heterosexist, exclusionary or confusing for the young LGBT community. The questions which were not “young people friendly” were highlighted by staff at the meeting and changed according to their preferences.

Questions were added that related to other aspects of health that the services provided, for example advice about drugs or alcohol.

In terms of language and clarity, the group was reassured that the survey had been piloted in hard copy and online with a group of 12 young people (young consultants) whose ages ranged from 11-15. This group came from a school in Leigh and was approached on two occasions to consider each question for language and clarity. We also consulted a wide range of papers relating to best practice in evaluation of sexual health services for young people and a variety of other web based resources such as those provide by Brook and RU thinking. The young people we consulted were very forthcoming, and the final design, language and questions reflected their views.

Changes were made as requested and these were agreed by staff who were invited to a second meeting to review the questionnaire before it went “live”. At this point, several staff noted and commented on the increased length of the survey and raised concerns about potential impact on completion times and response rate. The research team shared these concerns and in order to address them, the researchers visited Westleigh High School to re-test the instrument on 3rd and 4th December with a group of year 10 and year 11 pupils.

**Figure 2: Questionnaire Completion Times**

Completion Time (Minutes)	Number of Children	
	Year 10	Year 11
11	1	
14	1	
15		2
19	1	
20	3	6
25	1	
27	2	
29	1	
30	2	3
32		1
33		1
35	2	
40	1	
45	3	
50	3	
55	1	
60	1	
65	2	

The year 10 group included several participants who the teacher identified as having special educational needs. These pupils were represented in the 45-65 minute completion time section.

**Incentives**

The research team was in agreement with the stakeholders about the provision of incentives. These were discussed at the meeting with staff representatives. Money was made available and types of gift voucher were discussed as rewards for completion. Tesco vouchers emerged as the preferred option. It was agreed that since the first 50 responses were to be evaluated, £250 Tesco vouchers in £5 denominations would be made available to the sites. However, some staff members disagreed, and preferred to give out lollipops instead. After some discussion it was agreed that the sites should choose the most appropriate incentives for themselves.

In practice, Wigan and Leigh College was able to gain over 100 responses without the vouchers simply by promoting the survey during “Health Week”. Brook Wigan staff had not accessed their vouchers by the time of the site visit on November 7th 2008. The TicTac bus had 7 completed responses by November 7th but at the time of the visit the staff remained unconvinced of the usefulness of the vouchers, suggesting that they did not serve as an incentive, and that if only the first few respondents were eligible then the voucher availability would be problematic.

At the close of the data collection phase, and in agreement with the sponsor, the research team requested that the unused vouchers were returned to the research team to be used to provide a sexual health resource for the young consultants.

Data Collection

Effective data collection was dependent upon effective advertisement of the survey and ease of access to the questionnaire which required effective collaboration with other organisations and agencies. The questionnaire was freely available on-line and designed to be accessible from any location at which internet connection was available, including schools and colleges; health and social care provider organisations; private, independent and voluntary sector facilities; youth organisation premises; mobile advice and treatment facilities and homes. The questionnaire was hosted on a secure site with access to data restricted to the research team. Data integrity and confidentiality were guaranteed by the host.

For the purpose of the initial data collection exercise the questionnaire was made available via allocated URLs on laptop or desktop computers at 5 sites. Of these 5 sites, 3 sites engaged successfully to varying degrees. Arrangements for additional access at other sites failed for a number of reasons. For example, while access was negotiated for young people in custody, local regulations would have required close supervision of respondents by staff such as to render privacy and anonymity impossible. Prolonged delay of 6 months and more in other organisations in establishing suitable locations, identifying associated staff to take responsibility for laptops, and collecting the prepared laptops prevented these from participating. Response rates for each site are detailed in Table 3.

Table 3: Responses from each site

Westleigh School	45
YOI Hindley Prison	0
Connexions	0
Youth Offending Team	0
Schools and PRUs	20
Brook	0
TICTAC Bus	7
Wigan and Leigh College	104

Barriers to data collection

There were several issues related to the issue of laptops to several sites that delayed the data collection. Barriers to data collection included delays in laptop collection, and lack of advertising or use of incentives for each site. The internet connection also proved to be inadequate in some locations. In one case this was caused by the use of dated hardware which was unable to maintain the connection without interruption, and interruptions caused disruption to a number of respondents' replies. Better quality computers in another part of the organisation ran the programme without incident. The mobile internet connection devices used in the laptops were found to have limited connectivity in some locations, but their use was too limited for meaningful evaluation to be undertaken. As the data collection phase of the project drew to a close the required data (50 respondents) had been collected, but it was in the main from one site – Wigan and Leigh college. The team therefore approached Westleigh High school to organise a data collection visit and to assess the issue of completion time

Site visits

Of those sites that had the survey connected, the data collection activity was followed up online. There were many responses from Wigan and Leigh College which were collected over the course of "Health Week". This targeted approach worked well. However, data collection from the TicTac Bus and Brook were low. The team therefore made site visits on 7th November 2008. The visits revealed that levels of awareness and use of the questionnaire were lower than desired in the areas tested. Where intense promotion took place, levels of completion were increased.

At Brook (Wigan) the positioning of the laptop was found to be problematic for two reasons. Firstly, the screen could be seen over the respondent's shoulder by anybody in the waiting room. Secondly, the position of the laptop did not facilitate the internet connection well enough. The survey was not advertised in the reception and so the purpose of the laptop was not very clear to potential respondents. At the time of the site visit the vouchers had not been collected by staff and so were unavailable to potential participants

At the time of the visit to the TicTac Bus there were no clients on the bus. The staff explained that this location and time (4.30pm Friday evening) was often poorly attended since it was too early for many potential clients who went out later. However, the staff also mentioned that at later times the young people may have been drinking alcohol which meant that they were not allowed on the bus.

Up to this point seven responses had been recorded for the Tic Tac on the website. From these responses the staff had heard via other colleagues that the survey was too lengthy and that the wording of the questions proved too difficult for some of their clients. None of the staff on the bus at the time of the visit had yet prompted the use of the survey with any young people. The laptop itself was in a cupboard and was password protected which meant that this particular group of staff was unable to access the survey to discuss the questions with us in any detail.

Data Analysis

The raw data took the form of downloadable spreadsheets with each of the responses and demographic details. Although substantial changes were made to the original questionnaire, it was still possible to divide the questions into the three main subsets of knowledge, attitudes and behaviour. A variation of the Framework Analysis process (Ritchie and Spencer 1994) was used to establish how these subsets related to defined constructs within the specific settings.

The following stages of framework analysis were used:

- o Familiarisation (Gaining an initial notion of key ideas and recurrent themes)
- o Identifying a thematic framework (Identifying key issues more confidently, and using these to form a framework or index)
- o Indexing (Application of the index/framework to the data to label the data items)
- o Charting (Data items arranged according to the new scheme and laid out in chart form to allow for comparison across themes or cases)
- o Mapping and interpretation. (The process of interpreting the arranged data to provide answers to the research questions.)

Findings and Discussion

There were 190 initial responses at the time of analysis. However, several of the respondents were aged 19 or over. These responses were taken out of the main data set to reflect more clearly the project aims and government teenage pregnancy targets. In total, there were 95 respondents aged under 18 years.

Table 4: Age of Respondents

Age 17	Age 16	Age 15	Age 14	Age 13	Age 12	No response (but completed in school)
17	16	18	25	6	12	2

The research team also tried to establish whether the respondents were actually sexually active, since this would have an impact on the responses and the numbers of questions “skipped”.

- Out of the total number, 95 were under 18
- 11 of these “would describe my relationship as sexual”
- 8 of these were “having sex but not in a relationship”
- One respondent ticked yes for both questions, so in total 18 were sexually active at the point of completing the survey
- However, 31 respondents gave answers to “how did you prepare for your most recent sexual relationship?” indicating that even though they were not sexually active at this time, they had been in the past

Of the 18 in the currently sexually active group, 10 were female and 8 male. Four were 14 years old; 4 were 15 years old; 4 were 16 years old; and 6 were 17 years old.

Those who were currently sexually active OR had been sexually active in the past included 22 females and 16 males. Of these, 12 were 14 years old; 6 were 15 years old; 7 were 16 years old; 11 were 17 years old, and 2 did not report their age. Several of the respondents were not sexually active but completed the questionnaire as part of the high school classroom groups.

The responses were explored in detail to establish which questions were skipped or provided irrelevant data and this is discussed in the evaluation. Each question was then considered in terms of its application to the project aims: that is, whether it provided information related to knowledge, attitudes or behaviour, and the findings are presented to reflect this.

Findings and Discussion

Knowledge

Two of the opening questions attempted to find out (in a general way) whether the young people knew what might be expected of them in a sexual situation. It set a personal context with response choices ranging from “nothing really” to “a lot” and reply options relating to who they might have discussed this issue with.

- Q.6. What do you know about having a sexual relationship?
- Q.8. What do you know about what your boyfriend/girlfriend might want you to do in a sexual situation?

There were 110 responses in total, although respondents had the opportunity to tick more than one box, so for example they may have indicated that they knew “a little bit” and had “chatted to friends about it”.

There were 25 respondents who answered “nothing really/a little bit” for question 6, and these tended to be aged 14 years or under (n=17). Those who answered “quite a lot/a lot” (n=41) tended to be aged 14 or over (n=34). 27 had chatted to friends about it, suggesting that peers were an important source of support, whilst only 3 respondents indicated that they hadn’t thought about this at all.

For question 8, 40 respondents indicated that they didn’t have a boyfriend or girlfriend at the moment. Eighteen indicated that they knew “nothing/a little” about their boyfriend’s or girlfriend’s expectations and this was spread fairly evenly across all age groups. Twenty-seven indicated that they knew “quite a lot/a lot”, and the majority of these were over 14 years old (n=25).

Risk

Question 36 was an open-ended question related to recognition of risky situations, specifically those that might lead to unprotected sex. Of 71 total responses “being drunk” was recognized as a risk for 30 respondents across all age ranges over 13 years. Sixteen respondents (mainly 14 years or under, equal male/female ratio) responded with “don’t know/not sure” indicating a knowledge deficit for this age group. Eight females aged 15/16 responded with “rape”, and there were 6 females and one male aged 14 or over who responded with “pressure”. For males, the main risk recognized was drunkenness (n=11 all aged 14 or over).

- Q.36 What sort of situation do you think might put you at risk of unprotected sex?
- Q.37. Do you avoid these situations? If so, how?

There were 46 responses in total for question 37 which focused on risk avoidance. However, there were 35 non-responses and several responses that might indicate a misunderstanding of the question. Responses that indicated knowledge of strategies to stay safe included “don’t drink/don’t get too drunk” (n=14) “don’t walk alone/stay in a group” (n=5) and “use precautions/be prepared” (n=10). The majority of responses were from 14/15 year olds (n=30) and mainly female (n=27). Only 12 males responded to this question in total, and 7 of these related to non-risky drinking. Other answers across the age range were fairly vague, including “be prepared” and “say no to sex”.

The link between alcohol consumption and sexual risk taking/being at risk was therefore recognized by just under half of the respondents, with just under a quarter of the respondents indicating safe drinking or alcohol avoidance as a way of addressing this risk.

Contraception – Access and Use

In terms of confidentiality, although 57 knew that they could access confidential advice under the age of 16, 22 thought that they would have to get their parent’s permission first. This indicates some confusion in this area for a significant number related to entitlement to confidential sexual health advice and may indicate an area for development in terms of the You’re Welcome quality criteria (DH 2007).

Seventy-three out of 76 respondents knew what a C Card was when asked to choose from 3 options.

- Q.10a. What do you know about where to get contraception from?
- Q.10b. What do you know about where to get sexual health advice from?

Of 89 respondents, 58 stated they “knew exactly” where to get contraception from, and of 87 respondents 42 “knew exactly” where to get sexual health advice from. For both questions the “know exactly” age range was mainly 14 years or older. Of the 31 who responded that they knew little/not enough/don’t know at all about where to get contraception from, the majority were 14 years old or younger. Forty-five respondents in total replied that they knew “little/not enough/don’t know at all” about where to get sexual health advice from. The “don’t know at all” responses tended to be those aged 14 years or younger, but 26 aged 14 or older responded that they knew “little/not enough” indicating a clear knowledge deficit in this area for this age group.

- Q.10c What do you know about how to use condoms correctly?
- Q.10d What do you know about how to use emergency contraception correctly?

Forty-eight out of 87 responded that they “knew exactly” how to use condoms, and, again, the majority (n=44) were 14 years old or older with a fairly even male/female ratio although the males tended to be aged 16 or over (n=15 out of 17 male responses). A total of 39 responded that they knew “little/not enough/nothing at all”, with those that knew “nothing at all” being aged 14 years or younger, and those that knew “little/not enough” being 14 years or over.

For emergency contraception, 37 (all 14 years or older) of 86 respondents “knew exactly” how to use it whilst 24 (all under 17 and mainly under 15) didn’t know how to use it at all. Twenty-five knew “little/not enough”, and, again, these were mainly over 14 years old. Several true/false statements later in the survey indicated that in terms of emergency contraception most (n=69) understood that it is most effective the sooner it is taken. Eleven (across all ages and both sexes) thought this was a false statement. Nineteen thought that it could be used only once (again, across all ages and both sexes), although 62 knew that it could be repeated. Thirty-three did not realise that vomiting could reduce its effectiveness, and there was a fairly even split between those who thought EC was still effective after 3 days (n=42) and those who thought it was not (n=38), indicating some uncertainty about the upper time limit for effectiveness. Thirty-five thought that EC was a type of abortion, although 39 did not. So, although the majority of respondents were clear about access, time limits and factors impacting on efficacy of EC, a significant number were not.

Question 38 asked the participants to identify effective forms of contraception. There were only 2 responses for “crossed fingers” and 1 for “gin/bath”. A range of choices was identified by the respondents, but only 11 responses came from those under 14 - potentially indicating lack of knowledge. The answers were ranked as in Table 5.

Table 5: Number of responses for effectiveness of forms of contraception

Suggested form of contraception	Number of responses as “Yes”
Male condom	n=56
The Pill	n=38
Emergency contraception	n=35
Female condom	n=28
Implant	n=27
IUD/Coil	n=20
Injection	n=15
Patches	n=11
Abstinence	n=6

When asked about the legal limit for termination of pregnancy, 47 answered correctly, the majority of these being aged 14 or above. Only one response indicated “30 weeks” as the answer. However, there were 21 non-responses, mainly from the under-14s, and 18 respondents (mainly aged 14 years and over) thought the limit was 12 weeks.

Sexually Transmitted Infection (STI)

Knowledge about transmission and avoidance of STI was patchy, with a greater level of knowledge claimed by the older age group. Fifteen respondents indicated that they had absolutely no knowledge of STI. These were all aged 16 years or younger, with the majority (n=13) being 14 years or younger. Thirty-five indicated that they had a “fair amount” of knowledge, and most of these were aged 14 years or older. Thirty-two felt that they had “sufficient knowledge” – mainly aged 15 years or older.

The “true or false?” section of the survey revealed significant numbers who had the correct knowledge about transmission and avoidance, but in each case there was also a significant minority that did not. Fifty-seven responded that condoms prevent both pregnancy and STI. The majority (n=69) knew that some STIs can be treated but not cured, whilst only 6 did not. Although 12 thought that washing genitals with disinfectant would cure an STI, the majority (n=63) recognised this as being false. Similar numbers were recorded for “if you wash your genitals straight after sex” indicating that a significant minority lack appropriate knowledge in this area.

Sixty-three respondents recognised that both males and females can contract Chlamydia, whilst 12 did not. Transmission of STI via oral sex was recognised by 52 although a significant number (n=22) did not realise that this was a possibility. Fifty-eight recognised anal sex as a risky activity, whilst 16 did not (although it was not clear from the question whether a condom was used or not). Fifty-six recognised that some STIs are asymptomatic, but 20 did not realise this. Similarly, 64 recognised that it is not always possible to tell if somebody else has an STI, although 11 thought otherwise. Sixty-three recognised the link between numbers of sexual partners and increased risk of STI, but 13 did not. Sixty-one recognised that some STIs cause infertility, while only 5 did not.

For other common myths, including prevention of pregnancy through standing during sex, sex during a period and withdrawal, 50-55 responses were correct, but between 13 and 22 were incorrect, indicating a significant minority who were still unclear about safe sex. For example, of those that thought that it was not possible to get pregnant if sex took place during a period, only 5 were under 14, while 16 were 14 years or older. Those who thought that withdrawal was a safe sex method were fairly evenly distributed amongst the 14-17 age range.

The age of 14 tended to be an overlap age (with more responses in these boxes). This was potentially because the two largest groups that were approached for data collection were in years 10 and 11 at secondary school.



# Attitude

## Sexual Activity

These questions were included both to establish an individual/personal context for the participants and to obtain their thoughts about timing of their first sexual experience.

- Q 7 What do you think or feel about having a sexual relationship yourself?
- Q.11 What do you think is the youngest age at which it is OK to start having a sexual relationship?

Twenty-nine responses for question 7 indicated that they felt they were too young. All responses except for one came from those aged 15 or under. Eighteen responded that they were old enough. These were mainly males (n=14) and mainly aged 16 or over (n=13), although 2 twelve year old males and 3 females aged 14/15 also responded with this.

Five females aged 14/15 years responded that it was too soon in their relationship, as did one 12 year old and 1 seventeen year old male. Twenty responded that “this was the right time for me”. This was an even number of males and females, mainly aged between 14 and 17. One 12 year old male also responded. Twenty-one felt that they would “recognise when it is the right time for me”. This was mainly females (n=16) between 14 years and 17 years, and males aged 17 (n=4). Eight responded that they were still unsure whether to have sex or not, and these were all female aged between 14 and 16 years. Eleven females aged between 14 and 16 years responded that their parents would be very upset if they thought they were having a sexual relationship.

There were 89 responses in total to question 11. Thirty-eight felt that 16 years was the right age for first sex, and 22 responded with ages 17 and 18 (this was mainly females (n=13)). Twenty-nine responded with ages under 16 years, with 15 suggesting 15 years, 11 suggesting 14 years and 3 suggesting 13 years. There were no responses suggesting an age younger than this. The higher numbers in the 16 years and above responses (n=60) compared with the responses for 15 years and under (n=29) may indicate an awareness of the legal status for consenting adults.

Open responses to support this included comments relating to knowledge of the importance of being physically and mentally prepared, of risk management and around adolescent life issues such as school, legal status and about developing relationship skills.

## Relationships and Parenthood

When asked to rate the importance of their relationship 85 responded. Forty of these indicated that this didn't apply to them, and 20 across all ages and for both males and females indicated that it was not very important to them at this time. However, 18 (across all age ranges and for both males and females) suggested that their relationship was the most important thing in their life. Four (mainly 16/17 years old) indicated that they would take sexual risks to ensure their relationship continued. This indicates a significant minority whose relationship was the most important thing in their life and a small number who would take a sexual risk to maintain their relationship.

- Q22 & Q23. What do you think about becoming a parent at your age?

The issue of becoming a young parent was a separate question for males and females. Of 35 males, 26 indicated that they would be very upset if they became a parent at this point in their life. However, 3 indicated that they definitely would like to be a parent at this age. These respondents were aged 13, 17 and one of undisclosed age. Five responded that they sometimes think it would be nice, or that they wouldn't be worried if it happened to them.

For females, 37 responded that they would be very upset if they became pregnant. This was across all age ranges but mainly 14/15 year olds (n=27). One 14 year old definitely wanted to become pregnant, six sometimes thought it would be nice (mostly 14 and 15 year olds), and seven didn't plan it but wouldn't be worried if it happened to them (mostly 14-16 year olds). This indicates that whilst the majority of respondents did not plan to become a young parent, and would be upset if this happened to them, a significant minority of girls were ambivalent about this (n=13).

## Contraception

In total, 34 respondents (all aged 14-17 years) indicated that they were already prepared in terms of contraception. Seven females across the whole age range indicated they would be getting some form of contraception within the next week. Eighteen female respondents aged 14/15 indicated that they would be looking for some form of contraception within the next year. Responses in the 12/13 year old age group were minimal (only 4 responses across 4 options).

- Q14 What is your attitude to condom use?

The responses indicate that the majority had a positive attitude to condom use. Sixty-three respondents recognised that condom use was the best way to avoid STI. These were mainly females aged 14 years and over (n=39) and males over 16 years (n=19). Fifty-two indicated that condom use was the best way to avoid pregnancy. These were mainly females aged between 14 and 16 years (n=32).

Those responses that related to the impact of condom use on sexual pleasure were all answered by 14-17 year olds. Eleven indicated that condom use reduced sexual pleasure, 1 indicated that they increased sexual pleasure and 12 indicated no impact.

There were very few responses that connected carrying condoms with either female (n=4) or male (n=8) promiscuity. Fifteen respondents aged between 14 and 17 years indicated that condom use “is considered to be a good thing amongst my friends”. The responses indicating that they didn't know what their attitude to condom use was (n=11) were mainly in the 13 years and under age group.

## Alcohol

A scenario-based question was used to determine current attitude to alcohol. Of 88 responses, the majority indicated that they would choose either abstinence (n=19 across all age ranges, both male and female) or non-risky drinking of one drink all night (n=38, mainly 14/15 year old females). However, nine aged 12/13 years also responded with the one drink all night option. Risky drinking indicated by intent to get drunk (n=21) or unintentional drunkenness (n=10) was indicated mainly by 14/15 year old females and 16/17 year old males.

Accessing Sexual Health Advice

Out of 72 respondents, 30 aged between 14 and 17 years replied that they were “already sorted” in terms of accessing formal sexual health advice. Six responded that they would access services for advice within the next week, 8 within the next month and 28 within the next year. The majority of responses for within the next year were from those aged between 14 and 15 (n=18) and were mainly female. These numbers indicate a future intent to access services for advice or treatment.

Q34. What do you normally do about getting contraception or sexual health advice?

Access to services or seeking help was high here with only 4 respondents saying that they did not know where to go and 5 saying that they were too scared. Others said they knew where to go but did not need the services. Some accessed family, friends, toilets (condom machines) and walk-in centres. The responses indicate that access to more than one service was the norm. However, in contrast, a scenario-based option for question 9 indicated that many either forego formal advice opportunities or approach friends instead.

Q9. If you were dating somebody with more sexual experience than you and you were worried about what to do, what would you do?

A series of options were given, and 110 responded to 6 options. Thirty respondents indicated that they would not seek advice at all, just hoping to “pick it up” from their date. These were mainly males (n=20) and aged 16/17years. Other sources of advice included friends (n=30, mainly females aged 14/15 years) parents/carers (n=16, mainly aged under 14 years), or other trusted adult (n=9, across age ranges 13-17 years, but mainly female). Sexual health services such as TicTac or Brook accounted for 14 (aged 13-17, mainly female) with 13 (mainly females over 14 years) opting for the internet or leaflets.

- Q12. Would you ask your parents or carers about these issues?
- Where to get contraception from
  - How to use contraception
  - Your relationship with a girlfriend or boyfriend
  - Your sexuality - if you thought you were gay or a lesbian
  - Sexually transmitted infections

Overall, 83 respondents would access someone to talk about most of these things except in relation to sexuality. Here respondents were least likely to talk about sexuality, with 40 responding ‘absolutely would never’ discuss with anyone. Nothing specific was noted about age except, perhaps, that older males were less likely to access someone to talk to. However, the numbers were small.

Twelve responded that they ‘absolutely would never’ discuss most of the issues with anyone but may do if they were older or had an infection. A further 2 respondents indicated they would also talk to others, including, for example, a friend, or teachers, or their “dad’s girlfriend”.

There were 154 responses to indicate a preference for talking to somebody other than their parents about sexual health issues including:

- A best friend (n=57): the majority were female (n=33) between 14 and 17 years of age
- A group of friends (n=12): mainly males 16 years or over
- An older relative (eg: cousin, sibling): (n=26) mainly females between 14 and 15 years
- A school nurse (n=16): across all ages both male and female
- A Brook worker (n=13)
- A teacher (n=9)
- Visiting a website (n=8): mainly 14-17 years olds

Contraceptive Failure, eg: condom breaking

Of 47 male responses, 21 across all ages would discuss access to emergency contraception with their girlfriend or try to access it for her (n=12) and 10 indicated that they would get themselves tested for an STI. This illustrates a concern with pregnancy over contraction of an STI. There were no responses for “pretend nothing had happened”, though there were 4 responses for “keep fingers crossed”.

A similar picture emerged from 95 female responses across all ages. Here, 32 would access emergency contraception and 24 would go for a pregnancy test, whilst only 16 would access an STI test. However, only 3 indicated that they would do nothing. There were only 8 responses in total from those 13 years or younger, but all indicated the intention to access advice (n=3) or treatment (n=5).

The responses rate for males was low in comparison to the female response. However, the lack of responses indicating no action for both males and females suggest responsibility and reasonable knowledge for many in this scenario. However, the differences between the “action” scores (eg: females 24 for pregnancy test compared to 16 for STI test) may also indicate a lack of awareness about the importance of multiple actions in this scenario.

Preparation for Sexual Activity

The overall trend indicated that 31 had not considered a sexual relationship at all, but for those who had, preparation was less so with the first sexual relationship than the most recent experience. In line with findings from the literature, more risk would appear to have been taken in connection with the first sexual relationship where young people were less prepared than with their subsequent encounters. More girls than boys had not considered sexual activity, and girls were more prepared. Those who were prepared were also more likely to have sought advice, for example from a friend (n=9), a parent/ carer (n=5) or a professional (n=1). There was a slight tendency for girls to do this more than boys.

Sexually Transmitted Infections

Twenty-two out of 30 male respondents indicated that they did not think that they were at risk of STI, nor that their girlfriend was at risk of pregnancy. The majority indicated that they felt that they were not at risk of being pressurised into sexual activity with either a girlfriend or anyone else. There were small numbers of “maybe” answers for these questions, with 12/13 year old boys indicating maybe or yes to risk of an STI (n=4) or their girlfriend becoming pregnant (n=5) or feeling pressurised into having sex with a girl (n=6). These results do not correspond at all closely with any of the findings for this age group in the previous questions.

- Q24 & Q25 Do you think you are at risk of:
- STI
  - Pregnancy
  - Feeling pressured into unwanted sex

The majority of females indicated that they did not feel at risk of STI (n=35) or pregnancy (n=31), or feel pressurised into having sex with a boyfriend (n=40) or somebody else (n=40). However, 13 answered yes/maybe to risk of STI (all under 16 years). Twenty indicated yes/maybe to risk of pregnancy (most aged 14-16 years) or feeling pressure to have sex with a boyfriend (n=9, across all age ranges) or somebody else (n=9, between 14 and 17 years). In an open-response question, 42 indicated that they would use condoms in order to avoid STI, whilst 17 answered “use contraception/protection”. However, 10 respondents aged 12-14 did not know how to avoid STI.

Of 86 respondents, 42 would go with the contact to a sexual health clinic while 20 would go alone/with somebody else if they thought they had been in contact with an STI . A further 24 indicated that this did not apply to them, and there were no responses that indicated denial/irresponsibility. Fourteen (all aged 14 or over) indicated that they had already been tested, and 9 knew somebody who had been tested. The majority (n=46) had never been tested. Only 1 indicated that they had an STI.

# Service Used

The sexual health services were accessed in the main by those aged 14 and over, with 67 responses from those aged 14/15 years and 36 from those aged 16/17 years. However, 36 respondents across all age ranges and both male and female indicated that they did not use any of the services.

There were opportunities to respond to more than one service but in terms of popularity there was no “most popular” service, with responses recorded for Brook Wigan (10) Brook Leigh (10) Connexions (10) College (13) the TicTac (13) C Card Site (10) local pharmacy (7) Health Zone at Rose Bridge (3) and the Walk-in Centre (6). There were no responses indicating access to Brook Outreach.

Figure 3: Services used (by female respondents)

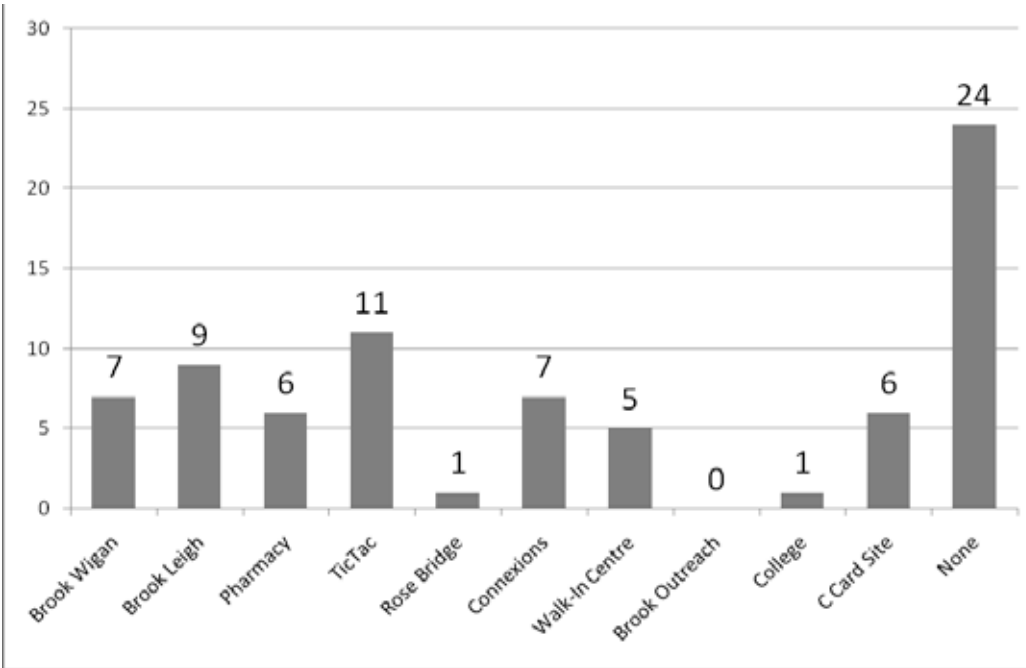
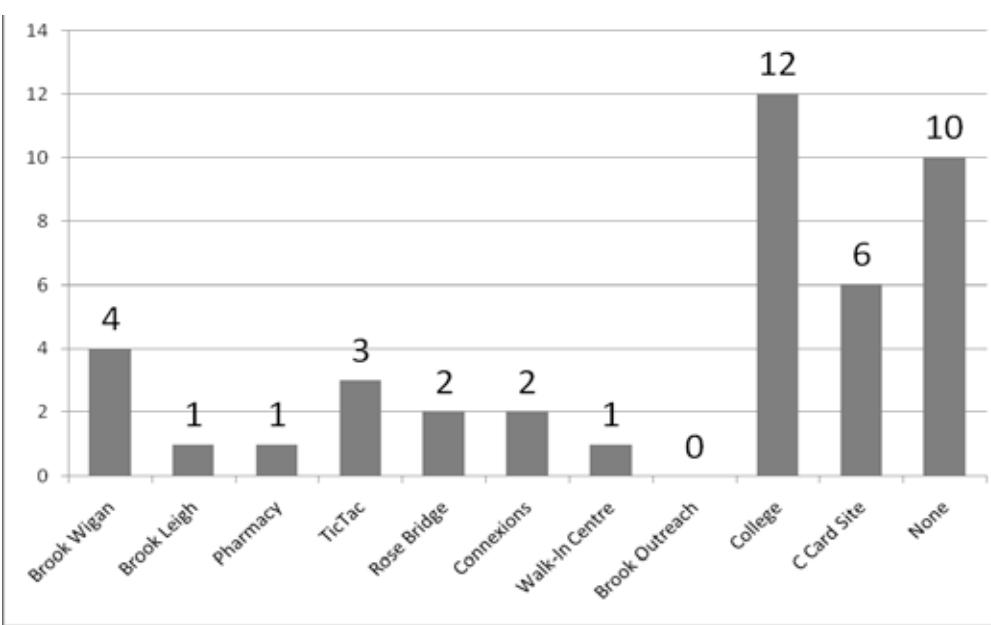


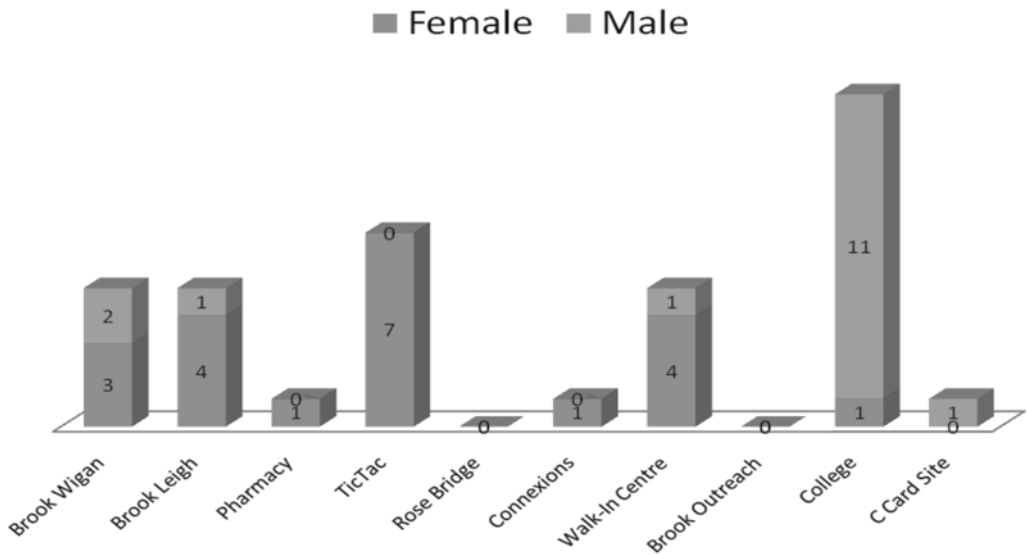
Figure 3: Services used (by male respondents)



## Q47 Which service do you use the most?

When asked about repeat visits, the Brook sites and TicTac were the most popular. However, the number of responses was very small, and there were many non-valid answers. The respondents found out about the services through friends (n=22), at school (n=20), or via health professionals (n=11), with very few finding out via websites (n=3) or radio/TV (n=1).

Figure 5: Services used the most



Evaluation of the actual services was determined through questions such as:

Q48 Did your visit (to this service) give you enough knowledge or advice about the following?

- (a) Avoiding STI
- (b) Avoiding pregnancy
- (c) Avoiding unwanted sexual contact
- (d) Avoiding unprotected or unsafe sex
- (e) The effect of alcohol or drugs on decisions

However, this question yielded minimal responses. As a service, Wigan and Leigh College gave “a lot” of knowledge and advice across a-e for 8 of 9 male respondents and 1 female respondent, and “a little” for 1/2 males. There were no negative responses recorded for the college. The C Card site gave “a lot” of knowledge/advice across a-e for 1 male respondent. The walk in centre gave “a lot” of knowledge/advice across a-d for 2 of 4 female respondents and for e for 1 female respondent. No males responded to the walk-in centre as a site. One of 2 females recorded a “no” response for c-e.

Twenty-one respondents (14 female and 7 male) answered “a lot” across a-e for Brook Wigan, with 23 (all female) answering “a lot” for Brook Leigh. There were no male responses for Brook Leigh. Eighteen female respondents answered “a lot” for TicTac, with 11 females answering “yes, a little” and 6 females answering “no”. There were no male responses for TicTac. There were only 5 responses in total for the pharmacy. They were all female with 2 responding “a lot” and 3 responding “a little”. There were only 15 responses for school, which was a surprising result given the numbers of school children who participated. Ten females answered “yes, a lot” across a-e, and 5 females answered “yes, a little”.

Alcohol

Impact on attitude to alcohol was difficult to determine and again yielded only minimal responses. Respondents were asked about their attitude to alcohol both before and after a visit to the services.

Most responses (n=16) came from the college group, 15 of them males. There were 7 responses for Brook Wigan, 7 for Brook Leigh, 8 for the TicTac (all female), and 6 for connexions. There were 4 responses for school. The changes per service and question were minimal across the range – unchanged in the main, with changes of one or two responses either way for others.

Table 6 details the response by increase, decrease, or lack of change in level of risk behaviour in relation to use of alcohol.

Table 6: Attitude to alcohol use – change in risk

	Increased	No change	Decrease
Brook Wigan (F)	0	1	1
Brook Wigan (M)	2	1	1
Brook Leigh (F)			1
Brook Leigh (M)			
TicTac (F)	3		
TicTac (M)			
Connexions (F)		2	
Connexions (M)		1	
Walk-In (F)		1	1
Walk-In (M)			
College (F)		1	
College (M)	1	1	3
C Card (F)			
C Card (M)			1
School (F)	1	1	
School (M)			

Personal Values

This question offered multiple options related to the impact of the service on the respondent's own values for example:

- a) I began to question my own ideas
- b) I realised I needed further information or advice
- c) I began to question my friends ideas
- d) I realised my friends needed further information or advice
- e) I gained more confidence in my ability to control my own sex life
- f) I gained more confidence and felt able to give my friends good information and advice.

Table 7: Reported impact of visit to services

Service	Responses across answers a-f	
	Impact - Yes	Impact - No
Brook Wigan	7	18
Brook Leigh	16	20
Pharmacy	6	0
TicTac	17	18
Connexions	5	7
Walk In Centre	9	15
College	23	43
C Card Site	6	0
School	6	6

There were no male responses for Brook Leigh, pharmacy, TicTac, Connexions, school or the Walk-In Centre. There were no female responses for the C Card site.

Clear messages to young people about resisting peer pressure to have early sex and to encourage contraception use when they do become sexually active is a key factor in successful teenage pregnancy strategies. However, for this survey the numbers were too small in most cases to draw any reasonable conclusion about the impact of a visit to a service on personal values. The data collected illustrated that some services were perceived by the respondents to exert no impact (eg: local pharmacy), whilst others exerted an impact for some young people but not all. In the majority of cases, the numbers for “no impact” outweighed the numbers for “some impact”. In the more specific example of the “Delay” message, again there were minimal responses. Fifteen responded that this did not apply to them, whilst 19 said that their visit did not encourage them to delay sexual activity. Five responded that their visit had encouraged them to delay. These respondents were from Connexions (n=1) college (n=1) school (n=2) and local pharmacy (n=1).

# Conclusions

Unfortunately the limited responses from most of the sites make it unrealistic to draw many conclusions about the impact of the identified sexual health services on knowledge, attitude and behaviours of young people in Wigan who visit them.

The impact of services on the development of personal values could not really be determined. However, the survey revealed areas of knowledge deficit and the age ranges of the young people who required further knowledge and guidance. The knowledge deficits (for example in terms of STI) tended to be the younger age group accessed (11-13 years).

In addition, there were clearly areas where the young people were able to recognise risky situations (for example risky drinking) and the potential consequences, but many had not yet developed strategies to avoid these situations.

Many of these areas could be addressed in the school SRE within the PHSE curriculum as advised by the DCSF.

Attitudes to sexual activity and parenthood indicated that most of the participants felt that 16 years or over was the most appropriate time to consider first sex. Most were comfortable with their own situation and did not plan early parenthood. However, there were a minority who were ambivalent and a small number who indicated that they would be happy to become a parent at a young age.

There was a clear indication that parents played a minimal role in advising the young people who participated in this survey, since the majority indicated that they would be more likely to approach friends for advice. The PCT plans to develop and provide “Speakeasy” programmes may go some way to address the issue of parents communicating effectively with young people about sexual health issues. However, it is also worth further consideration of the confidant role that friends play and how communication between friends can be used more effectively to inform this age group.

## Evaluating the Questionnaire

The ongoing nature of the survey may have proved too difficult to negotiate for certain sites with concern expressed that it could impact on the time available to carry out interventions with the young people. The approach of the staff at Wigan and Leigh College – to promote the survey intensely during health week – yielded substantial responses. This approach could be used successfully in all of the other sites.

There were several changes to the questionnaire following feedback about draft 1 from PCT staff. These included:

- Widening of the sites from the original remit of the C Card and TicTac Bus. This meant that the respondents had to identify which service they had used the most during the survey and which service they were focusing on when answering specific questions. This proved to be confusing for the respondents and had a major impact on response rates for those questions.
- Inclusion of questions related to aspects of the services that did not relate to teenage pregnancy, for example related to drug use. Although this reflected the wider remit of the services, it lengthened the survey considerably and yielded data that did not necessarily inform the project objectives.
- The PCT staff requested a removal of the “skip logic” which was felt to create a heterosexist slant because it automatically directed the survey to “male” and “female” questions. This necessitated rewording several questions as “just for the boys” and “just for the girls”. Whilst this may have encouraged self selection in terms of gender, it lengthened the survey, possibly impacting on responses and completion times

- The original project objectives focused on teenage pregnancy interventions rather than the whole spectrum of safe sexual activity. The wider focus impacted completion times and therefore on responses – particularly the latter questions.

During the analysis it was noted that the questions with the drop down menu option had greater numbers of skipped responses than the simple tick box or press button options. Although the drop down menu provided some variety for the participants and reduced the overall perception of survey length, the research team has to consider removing this option if the responses are affected.

The data collection visit to the high school illustrated that the young people with special educational needs required a longer period of time to complete the survey. At times this group also approached the researchers to clarify questions that the rest of the group clearly understood. It has to be acknowledged that although this group enjoyed participating in the survey, the online approach might not be the most effective method of collecting data for them – particularly if clarification by an adult is required. This is an issue for the research team and the PCT to consider.

In addition, the necessity to collect data within the school setting resulted in several participants who were not sexually active completing the survey, which raised issues in terms of increased numbers of questions skipped. This could be addressed by the inclusion of skip logic to identify the participants’ status in terms of sexual activity or intent. In this way, participants who were not yet sexually active would not be directed to questions intended for those who were.



# Recommendations

Recommendations arising from these study findings are as follows.

Intense promotion of the survey over a shorter period of time – for example during “Health Week” to enable a more effective data collection period.

To evaluate question type, and to consider removal of the drop down menu options.

To re-insert skip logic:

- to identify participants' sex (male/female)
- to identify each of the sites
- to identify whether the respondent was sexually active or not

This would reduce participant confusion about which site they were commenting on, reduce completion times and improve response rates.

To consider how young people with special educational needs might most effectively participate in future research.



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# APPENDIX 1: The Survey

## Conventions in the Survey

Single choice only – indicated by circle ☐.

Multiple choices possible – indicated by square ☐.

Screen pages indicated by dark shading.

## 1. Introduction to this Survey

This survey is all about sexual health services for young people in Wigan and Leigh. The best way to find out if they are useful is to ask young people who use them - this means you! By completing the questionnaire you will be making an important contribution to future services.

We need to find out what you already know about sex and relationships, what you need to know and what we can do to help you to find out. It's as simple as that. It isn't a test, we don't need your name, and your answers do not get sent to school, parents or anyone else you know, just us (a team of university researchers).

We will collect all the answers, work out what you want, and then let the service providers know. Easy. Thanks again for taking a few minutes to fill in the survey.

## 2. Section 1 – Tell us your story ...

These details will help us to see if we have covered many different areas in Wigan and a variety of young people. The information will not be used to identify you personally.

1. Please type your postcode (or as much as you know of it) in the box below.  
If you don't know it at all, just write "don't know"

2. How old are you?

3. Please tell us your date of birth (DD/MM/YYYY).

4. Are you?

☐ Male☐ Female

5. This box is for you to put in a name or "tag" that you can use if you decide to complete the survey again at a later date. It shouldn't be your actual name, just make something up! - just make sure you can remember it.

## 3. Section 2 – What you know and what you do

This part of the questionnaire is about your thoughts and feelings about sex and relationships. We'd like to hear what you KNOW about, and what you DO to avoid unintended pregnancy and to keep safe from sexually transmitted infections.

6. What do you KNOW about having a sexual relationship (eg: kissing, sexual touching, other sexual activity)?

(Tick whichever applies in EACH column)

☐ Nothing really☐ I have chatted to friends about it☐ A little bit☐ I have talked about this with my girlfriend/boyfriend☐ Quite a lot☐ I would describe my own relationship with my girlfriend/boyfriend as a sexual relationship☐ A lot☐ I am having sex but would not say I am in a relationship☐ I haven't thought about it yet or talked about it with anyone☐ Something else? Please type it in the box below

7. What do you THINK or FEEL about having a sexual relationship yourself?

(Tick as many answers as you think apply)

☐ I am too young☐ This is the right time for my girlfriend/boyfriend☐ I am old enough☐ I will recognise the right time for me to have sex☐ It is too soon in this relationship☐ I am still unsure about whether to have sex or not☐ This is the right time for me☐ My parents would be very upset if they thought I was having a sexual relationship☐ Something else? Please write it in the box below

## 4.

8. What do you know about what your girlfriend/boyfriend might want you to do in a sexual situation?

☐ Nothing☐ A little☐ Quite a lot☐ A lot☐ I don't have a boyfriend/girlfriend at the moment☐ Could you say a bit more about your answer here?

9. Suppose that you were going out with (dating) somebody with more sexual experience than you. If you were worried about what to do, or whether to do it at all, would you...

(Tick as many as you like)

☐ Just hope to pick up what to do from your date☐ Get some advice from a parent / carer☐ Ask your friends☐ Get some advice from a trusted adult☐ Get some advice from the internet or leaflets or magazines☐ Get some advice from a sexual health service such as Brook or the Tic Tac Bus

5.

### 10. What do you know about the following?

(Tick 1 box on each line)

	I don't know anything at all	I know a little but not enough	I know exactly
Where to get any kind of contraception from (eg: the pill, condoms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to get confidential sexual health advice from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to use contraception correctly (eg: condoms, the pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to use emergency contraception (the morning after pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you want to tell us something else, use this space.

### 11. What do you think is the youngest age which is OK to start having a sexual relationship?

☐ 12 or younger
 ☐ 13
 ☐ 14
 ☐ 15
 ☐ 16
 ☐ 17
 ☐ 18 or older

Why do you think this is the right age?

6.

### 12. Would you ask your parents (or carers) about these issues? (Check out the drop down menu!)

	Your decision
Where to get contraception from	<input type="text"/>
How to use contraception	<input type="text"/>
Your relationship with a girlfriend or boyfriend	<input type="text"/>
Your sexuality - if you thought you were gay or a lesbian	<input type="text"/>
Sexually transmitted infections	<input type="text"/>

Want to make a comment about this?

#### Choices

- ☐ Maybe if I was a bit older.
- ☐ My dad but not my mum.
- ☐ My mum but not my dad.
- ☐ Male carer.
- ☐ Female carer.
- ☐ Only if I thought I had a sexually transmitted infection.
- ☐ Only if I thought my girlfriend was pregnant.
- ☐ Absolutely never.
- ☐ I already talk to my parents/carers about this sort of thing.

### 13. If you prefer not to talk to your parents (or carers) about sexual health issues, who would you go to instead?

(Tick as many as you like)

- |  |   |
|--|---|
| <input type="checkbox"/> A best friend                                     | <input type="checkbox"/> A teacher      |
| <input type="checkbox"/> A group of friends                                | <input type="checkbox"/> School Nurse   |
| <input type="checkbox"/> An older relative (sister, brother, cousin)       | <input type="checkbox"/> A Brook worker |
| <input type="checkbox"/> A website   | <input type="checkbox"/> Nobody         |
| <input type="checkbox"/> Maybe it would be someone else. Tell us who here. |   |

7.

### 14. What is your attitude to condom use?

(You can tick more than one answer)

- ☐ Condoms reduce sexual pleasure
- ☐ Condoms increase sexual pleasure
- ☐ Condoms do not really affect sexual pleasure
- ☐ Girls that carry condoms must be sleeping around
- ☐ Boys that carry condoms must be sleeping around
- ☐ It is the best way to avoid sexually transmitted infections
- ☐ It is the best way to avoid pregnancy
- ☐ It is considered to be a good thing by me and my friends
- ☐ I know it's important to use one but I have no idea how to put one on
- ☐ Something else?

### 15. What is a C Card?

- ☐ A Christmas Card - with a dodgy joke to make your mates embarrassed
- ☐ A Comedy Card - each one with a different joke about sex and sexually transmitted infections
- ☐ A Condom Card - a quick and easy way to get condoms locally - just register where you see the C Card sign!

### 16. Have you ever used the C Card?

- ☐ Yes - and I have one now
- ☐ Yes - in the past
- ☐ No - never used a C Card

### 17. Are you more likely to use condoms if you have a C Card?

- ☐ Yes
- ☐ NO
- ☐ Maybe

**18. Just for Boys! If the condom split during sex with a girlfriend what would you do?**

**(Tick whichever you think you would do)**

- ☐ Tell your date and then discuss how she could get emergency contraception (the morning after pill) - the sooner the better
- ☐ Try to get emergency contraception for her
- ☐ Pretend the condom didn't split and leave her to sort out any problems that might follow
- ☐ Get tested for sexually transmitted infection
- ☐ Cross your fingers and hope that it will be OK

**19. Just for Girls! If the condom split during sex with a boyfriend what would you do?**

**(Tick whichever you think you would do)**

- ☐ Get emergency contraception (the morning after pill) - the sooner the better
- ☐ Get tested for sexually transmitted infection
- ☐ Get a pregnancy test
- ☐ Cross your fingers and hope that it will be OK
- ☐ Go to a friend for some advice
- ☐ Go to a trusted adult for some advice

**20. Just for the boys! If the condom split during sex with a boyfriend what would you do?**

- ☐ This question doesn't apply to me
- ☐ I'd pretend the condom didn't split and cross my fingers and hope it will be OK for both of us
- ☐ I'd explain that the condom has split, cross my fingers and hope it will be OK and leave my boyfriend to make his own decision
- ☐ I'd explain the condom has split and suggest we both get tested for a sexually transmitted infection
- ☐ I'd get tested for a sexually transmitted infection on my own

**21. What about your attitude to alcohol? If a couple of mates have invited you to hang out with them at a party but suggest having a couple of alcoholic drinks first to get in the mood. Do you...**

- ☐ Go to the party but forget about the booze - you want to stay on top form all night
- ☐ Have the drinks, carry on drinking at the party and get so drunk you can't remember what you did or who with.
- ☐ Intend to have just one drink all night but give in and have two or three because your mates call you a bore. Before you know it you've had too much and you're smashed
- ☐ Intend to have one drink all night and stick to your plans

**22. Just for the boys!**

**What do you think about becoming a dad at your age?**

- ☐ I definitely WOULD like to be a dad now/soon
- ☐ I SOMETIMES think it would be nice to be a dad now/soon
- ☐ I don't WANT to be a dad yet but would not be too worried if it happened to me now/soon
- ☐ I think my girlfriend would like to be pregnant now/soon
- ☐ I would be VERY UPSET if I became a dad at this time in my life

**23. Just for the Girls!**

**What do you think about becoming pregnant at your age?**

- ☐ I definitely WOULD like to be pregnant now/soon
- ☐ I SOMETIMES think it would be nice to be a pregnant now/soon
- ☐ I don't WANT to be pregnant but would not be too worried if it happened to me now/soon
- ☐ I think my boyfriend would be happy if I became pregnant now/soon
- ☐ I would be VERY UPSET if I became pregnant at this time in my life



## 10.

## 24. Just for the Boys!

Do you think that ...

	Yes	No	Maybe
You might be at risk of catching a sexually transmitted infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your girlfriend might be at risk of becoming pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You could be pressured into having sex with your girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You could be pressurised into having sex with a boyfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You might be at risk of having sex with somebody you didn't want to have sex with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 25. Just for the Girls!

Do you think that ...

	Yes	No	Maybe
You might be at risk of catching a sexually transmitted infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You might be at risk of becoming pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You could be pressured into having sex with your boyfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You might be at risk of having sex with somebody you didn't want to have sex with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 11.

## 26. If somebody you have had sex with tells you that they think they might have a sexually transmitted infection what would you do?

- ☐ Rate them for being so honest and suggest you both get checked out at a sexual health clinic
- ☐ Go to the the clinic alone or with somebody else for support
- ☐ Do nothing. Tell them you don't have any symptoms but good luck with theirs!
- ☐ Doesn't apply to me yet

Anything else?

## 27. Tick the box which reflects your attitude to the following

	Already sorted, thanks!	Within the next week	Within the next month	Within the next year
I might try to get some form of contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I might ask for sexual health advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 28. If you have a girlfriend/boyfriend at the moment, how important would you say this relationship was to you?

- ☐ Only a little, I am more concerned about other aspects of my life such as exams, jobs or future plans
- ☐ It is the most important thing in my life
- ☐ I am prepared to take sexual risks if it means this relationship will continue
- ☐ I don't really spend much time thinking about school, exams or jobs anyway
- ☐ Doesn't apply to me

## 12. This section relates to your behaviour

## 29. How did you prepare for your first sexual relationship?

(Tick as many as you like)

- |  |  |
|--|--|
| <input type="checkbox"/> I went for professional advice about contraception                                    | <input type="checkbox"/> I got contraception beforehand but didn't use it                    |
| <input type="checkbox"/> I asked a parent/carer for advice   | <input type="checkbox"/> I didn't get any contraception beforehand                           |
| <input type="checkbox"/> I asked a friend for advice   | <input type="checkbox"/> My girlfriend used emergency contraception (the morning after pill) |
| <input type="checkbox"/> I didn't ask for any advice but read leaflets or went on the internet for information | <input type="checkbox"/> I used emergency contraception (the morning after pill)             |
| <input type="checkbox"/> I was totally unprepared  | <input type="checkbox"/> I didn't use any contraception at all                               |
| <input type="checkbox"/> I made sure I had condoms to protect me from sexually transmitted infection           | <input type="checkbox"/> I haven't considered this yet                                       |
| <input type="checkbox"/> I got contraception beforehand and used it  |  |

Did you do anything else?

## 30. How did you prepare for your most recent sexual relationship?

(Tick as many as you like)

- |  |  |
|--|--|
| <input type="checkbox"/> I went for professional advice about contraception                                    | <input type="checkbox"/> I got contraception beforehand but didn't use it                    |
| <input type="checkbox"/> I asked a parent/carer for advice   | <input type="checkbox"/> I didn't get any contraception beforehand                           |
| <input type="checkbox"/> I asked a friend for advice   | <input type="checkbox"/> My girlfriend used emergency contraception (the morning after pill) |
| <input type="checkbox"/> I didn't ask for any advice but read leaflets or went on the internet for information | <input type="checkbox"/> I used emergency contraception (the morning after pill)             |
| <input type="checkbox"/> I made sure I had condoms to protect me from sexually transmitted infection           | <input type="checkbox"/> I didn't use any contraception at all                               |
| <input type="checkbox"/> I was totally unprepared  | <input type="checkbox"/> I haven't considered this yet                                       |
| <input type="checkbox"/> I got contraception beforehand and used it  |  |

Did you do anything else?

## 31. What did you do about handling the sexual expectations of your girlfriend/boyfriend?

- ☐ We didn't really discuss sex beforehand and I went further than I was comfortable with
- ☐ We discussed it beforehand and only went as far as we were both comfortable with
- ☐ I felt totally pressurized into sex
- ☐ This doesn't apply to me yet

None of the above? Tell us what you did, then.



13.

32. What do you do to avoid catching a sexually transmitted infection?

33. Just for Boys! How do you make sure that your girlfriend does not get pregnant?

34. What do you normally DO about getting contraception or sexual health advice?

- |  |  |
|--|--|
| <input type="checkbox"/> I sometimes forget          | <input type="checkbox"/> I can't really be bothered                          |
| <input type="checkbox"/> I go to my doctor           | <input type="checkbox"/> I go to the pharmacy/chemist                        |
| <input type="checkbox"/> I don't know where to go    | <input type="checkbox"/> I go to a family planning clinic                    |
| <input type="checkbox"/> I go to Brook               | <input type="checkbox"/> I go to the Tic Tac Bus                             |
| <input type="checkbox"/> I am too scared             | <input type="checkbox"/> I go to a C Card outlet                             |
| <input type="checkbox"/> I often don't have the time | <input type="checkbox"/> I leave this to my girlfriend/boyfriend to sort out |

If none of these is right, what DO you do?

35. If you use a C Card Site, please write which you use in the box below.

#### 14. Section 3 - Taking chances?

This section asks you about taking risks with sex

36. What sorts of situations do you think might put you at risk of having unwanted or unprotected sex?

37. Do you avoid these situations? If so, how?

38. Which of the following are effective forms of contraception?

- |   |   |
|---|---|
| <input type="checkbox"/> Abortion                                     | <input type="checkbox"/> Female condom            |
| <input type="checkbox"/> Emergency Contraception (Morning After Pill) | <input type="checkbox"/> Contraceptive injections |
| <input type="checkbox"/> Crossed fingers                              | <input type="checkbox"/> Contraceptive implant    |
| <input type="checkbox"/> Abstinence                                   | <input type="checkbox"/> Contraceptive patches    |
| <input type="checkbox"/> Drinking gin in a hot bath                   | <input type="checkbox"/> IUD or Coil              |
| <input type="checkbox"/> Male condom                                  | <input type="checkbox"/> The contraceptive pill   |

39. The legal limit for a termination of pregnancy (abortion) is:

- ☐ 12 weeks
 ☐ 24 weeks
 ☐ 30 weeks

15.

40. Are the following statements True or False?

	True	False
Emergency contraception (the morning after pill) works better if you take it as soon as possible after unprotected sex	<input type="radio"/>	<input type="radio"/>
Emergency contraception (the morning after pill) still works 3 days after unprotected sex	<input type="radio"/>	<input type="radio"/>
You can take emergency contraception only once	<input type="radio"/>	<input type="radio"/>
Vomiting up to 3 hours after taking the pill will reduce its effectiveness	<input type="radio"/>	<input type="radio"/>
Severe diarrhoea may make the contraceptive pill less effective	<input type="radio"/>	<input type="radio"/>
Condoms prevent pregnancy and sexually transmitted infection	<input type="radio"/>	<input type="radio"/>
If I want to talk to somebody about my sexual health I have to get my parent's permission first	<input type="radio"/>	<input type="radio"/>
Using disinfectant on your genitals will cure a sexually transmitted infection	<input type="radio"/>	<input type="radio"/>
If you wash your genitals straight after sex it will prevent a sexually transmitted infection	<input type="radio"/>	<input type="radio"/>
Only females get Chlamydia	<input type="radio"/>	<input type="radio"/>
If I am under 16 then whoever I go to for contraception will tell my parents	<input type="radio"/>	<input type="radio"/>
You can't get a sexually transmitted infection through oral sex	<input type="radio"/>	<input type="radio"/>
You cannot get a sexually transmitted infection through anal sex	<input type="radio"/>	<input type="radio"/>
Some sexually transmitted infections can be treated but can't be cured	<input type="radio"/>	<input type="radio"/>
You can always tell if somebody has a sexually transmitted infection	<input type="radio"/>	<input type="radio"/>
You can always tell if you have a sexually transmitted infection yourself	<input type="radio"/>	<input type="radio"/>
The more sexual partners you have, the more chance you have of catching a sexually transmitted infection	<input type="radio"/>	<input type="radio"/>
Some sexually transmitted infections cause infertility	<input type="radio"/>	<input type="radio"/>
More than a quarter of teenagers have an STI	<input type="radio"/>	<input type="radio"/>
Emergency contraception (the morning after pill) is a type of abortion	<input type="radio"/>	<input type="radio"/>
You can prevent pregnancy if you have sex standing up	<input type="radio"/>	<input type="radio"/>
A girl can't get pregnant if she has sex during her period	<input type="radio"/>	<input type="radio"/>
Safer sex means pulling out before ejaculation	<input type="radio"/>	<input type="radio"/>

16.

41. In terms of SEXUALLY TRANSMITTED INFECTION would you say ...

- ☐ I have absolutely no KNOWLEDGE of this
- ☐ I have a fair amount of KNOWLEDGE about this
- ☐ I think I have sufficient KNOWLEDGE about this

42. In terms of SEXUALLY TRANSMITTED INFECTION would you say ...

- ☐ I have never had an infection and never been tested for one
- ☐ I know someone who has been tested or who actually has a sexually transmitted infection
- ☐ I have been tested but have never had an infection
- ☐ I have actually had a sexually transmitted infection
- ☐ I have had more than one sexually transmitted infection

43. Where are you now... in relation to taking risks with sexually transmitted infections?

Sometimes knowingly take risks ----- Never knowingly take risks

Click where you are now ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

## 17. Section 5: Services that you know and use

44. Which of the following services have you used for sexual health and advice?

- ☐ Brook Wigan ☐ The Health Zone at Rose Bridge ☐ College
- ☐ Brook Leigh ☐ Connexions ☐ C Card Site
- ☐ A local Pharmacy ☐ The Walk In Centre ☐ None
- ☐ The Tic Tac Bus ☐ Brook Outreach

Any other?

45. Which of these services do you use the most?

18.

THE NEXT FEW QUESTIONS ARE ABOUT THE SERVICE YOU HAVE USED THE MOST

46. How did you find out about the service you use the most?

(Tick whichever answers apply)

- ☐ A friend
- ☐ At school
- ☐ On a website
- ☐ A health professional (eg: the school nurse) told me about it
- ☐ Radio or TV

Somewhere else? - please type it in the box below

47. How many times have you visited the service you use the most?

- ☐ Once
- ☐ Twice
- ☐ More than twice

48. Did your visits to this service give you enough knowledge or advice about the following?

(Check out the drop down menu!)

How to avoid sexually transmitted infections	<input type="text"/>
How to avoid pregnancy	<input type="text"/>
How to avoid any kind of unwanted sexual contact	<input type="text"/>
How to avoid having unprotected or unsafe sex with somebody	<input type="text"/>
How drinking alcohol or taking drugs might affect your ability to make decisions	<input type="text"/>
If there was something else, tell us here.	
<input type="text"/>	

### Choices

- ☐ Yes, a little, but I still need more information.
- ☐ Yes, a lot. I think I know enough to be safe sexually now.
- ☐ No, I didn't learn anything about this from my visit.

19.

49. Before your visit to this service, how would you rate your attitude to alcohol use? Tick the box which is closest to your opinion.

Before my visit to this service I would say ...	
I never drink alcohol	<input type="radio"/>
I make sure I never drink alcohol if I think it might lead to unprotected sex	<input type="radio"/>
When I drink alcohol I do not think about whether it would lead to unprotected sex	<input type="radio"/>
I drink alcohol even if I think it might lead to unprotected sex	<input type="radio"/>
I know my limit and stick to it	<input type="radio"/>
I know my limit but often drink more	<input type="radio"/>
Something else to say?	

50. After your visit to this service, how would you rate your attitude to alcohol use? Tick the box which is closest to your opinion.

After my visit to this service I would say	
I never drink alcohol	<input type="radio"/>
I make sure I never drink alcohol if I think it might lead to unprotected sex	<input type="radio"/>
When I drink alcohol I do not think about whether it would lead to unprotected sex	<input type="radio"/>
I drink alcohol even if I think it might lead to unprotected sex	<input type="radio"/>
I know my limit and stick to it	<input type="radio"/>
I know my limit but often drink more	<input type="radio"/>
Something else to say?	

20.

51. If you were not sexually active BEFORE you visited the service did your visit make you think about putting off having sex for a while?

- ☐ Yes
- ☐ No
- ☐ Doesn't apply to me

If you answered "YES", for about how long did you decide to wait?

52. Would you say your personal values about sex and relationships have changed since you visited the service?

	Yes	No, not really
I began to question my own ideas	<input type="radio"/>	<input type="radio"/>
I realised I needed further information and advice	<input type="radio"/>	<input type="radio"/>
I began to question my friends ideas	<input type="radio"/>	<input type="radio"/>
I realised my friends needed further information and advice	<input type="radio"/>	<input type="radio"/>
I gained more confidence in my ability to control my own sex life	<input type="radio"/>	<input type="radio"/>
I gained more confidence and felt able to give my friends good information and advice	<input type="radio"/>	<input type="radio"/>

21.

Do you want to tell us about other services you have used? If so,

53. Which service would you like to tell us about?

54. What would you like to tell us about this service?

## 22. Almost finished! Where are you now?

Thanks for helping us with this. You are almost done. In this last short section we ask "Where are you now?"

When you click at the end of this section the questionnaire is finished and you will have the option of finding information on any questions that you might have been unsure about.

**55. Where are you now... in relation to the possibility of intimate contact or sexual activity?**

Never prepared ----- Always prepared

Click where you are now ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**56. Where are you now... in relation to knowledge about safe sex and avoiding pregnancy or sexually transmitted infections?**

Absolutely no knowledge ----- Sufficient knowledge

Click where you are now ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**57. Where are you now... in experience and confidence in negotiating safe sexual practices?**

Totally inexperienced & lack confidence ----- Sufficiently experienced and very confident

Click where you are now ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**58. Where are you now... with regard to pregnancy risks?**

Sometimes knowingly take risks ----- Never knowingly take risks

Click where you are now ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**59. Has anything happened this week in the news or on TV or radio to make you think about your own sexual health? Let us know what it was!**

# APPENDIX 2: Responses to Questions

(Grouped by Subsets)

Convention: Responses from females = F  
Responses from females = M

## A) Contextual Issues

In total there were 96 respondents under 18 years of age

**How many were sexually active?** (There is some overlap in these responses.)

I would describe my relationship as sexual n=11  
I am having sex but am not in a relationship n=8  
I have talked about this with my boyfriend/girlfriend n=13

**How old were these respondents?**

14 years	15 years	16 years	17 years
n=4	n=4	n=4	n=6

**What was their gender?**

Males n= 8 Females n=10

## B) Knowledge

**Q6: What do you know about having a sexual relationship?**

Response/Age		12	13	14	15	16	17	Undisclosed
Nothing really	F	1	2	2				
	M	2						
A little bit	F	3		2	3	1	1	
	M	4	1	1			3	
Quite a lot	F		1	7	6	2	1	1
	M	1				3		
A lot	F			3	4	2	1	
	M		1	1		4	2	1
I haven't thought about it or talked to anyone about it	F	1			1			
	M						1	
I have chatted to friends about it	F			7	7	2	1	
	M		1	3		2	4	
I have talked to my boyfriend or girlfriend about this	F			4	5	1	2	
	M						1	

Q8: What do you know about what your boyfriend or girlfriend might want to do in a sexual situation?

Response/Age		12	13	14	15	16	17	Undisclosed
Nothing	F			2	2	1		
	M	1						
A little	F	3		1	1	1		
	M	2	1	1		1	1	
Quite a lot	F			7	2			1
	M					2	3	
A lot	F		2	3	1		1	
	M					2	4	1
I don't have a boyfriend or girlfriend at the moment	F	1	2	6	12	4	2	
	M	4		2		4	4	

Q10a: What do you know about where to get contraception from?

Response/Age		12	13	14	15	16	17	Undisclosed
Know exactly	F		1	13	14	5	1	
	M	2		3		8	11	
A little/Not enough	F	1	2	7	4		2	
	M	1					1	
Don't know at all	F	3		1		1		
	M	5	2	1				

Q10b: What do you know about where to get sexual health advice from?

Response/Age		12	13	14	15	16	17	Undisclosed
Know exactly	F	1	1	10	10	3		
	M			1		7	9	
A little/Not enough	F			7	7	3	3	
	M	1	1	2		1	3	
Don't know at all	F	3	2	1				
	M	7	1	3				

Q10c: What do you know about how to use contraception (eg condoms) correctly?

Response/Age		12	13	14	15	16	17	Undisclosed
Know exactly	F	1	1	10	11	6	1	
	M	2				7	9	
A little/Not enough	F			9	7	1	1	
	M			3			3	
Don't know at all	F	2	1	1			1	
	M	5	4	1				

Q10d: What do you know about how to use emergency contraception correctly?

Response/Age		12	13	14	15	16	17	Undisclosed
Know exactly	F			8	12	3	1	
	M					6	7	
A little/Not enough	F		1	7	4	2	2	
	M	1		1		2	5	
Don't know at all	F	3	2	4	3	1		
	M	7	2	2				

Q15: What is a C Card?

Response/Age	12	13	14	15	16	17	Undisclosed
A Christmas Card - with a dodgy joke to make your mates embarrassed	Only 3 out of 76 respondents replied with a wrong response to this question.						
A Comedy Card - each one with a different joke about sex and sexually transmitted infections							
A Condom Card - a quick and easy way to get condoms locally - just register where you see the C Card sign!							

Q36: What sorts of situations do you think might put you at risk of unprotected sex?

(multiple responses invited)

Response/Age		12	13	14	15	16	17	Undisclosed
Rape	F				6	2		
	M							
Being drunk	F		1	6	10	2		
	M			2		2	7	
Drugs	F				1			
	M			1				
Forgetting contraception/not using condom	F			2				
	M	1						
Pressure	F			3	1	1	1	
	M					1		
Being in places you shouldn't be e.g. night clubs	F				1			
	M							
Being unprepared	F			2				
	M							
Going to boyfriends house	F			2				
	M							
Don't know / Not sure	F	4	3	1				
	M	5	1	1		1		



Q37: Do you avoid these situations? If so, how?

Response/Age		12	13	14	15	16	17	Undisclosed
Don't walk about alone/in the dark. Stay with a big group	F		1		4			
	M							
Always have phone with you	F				1			
	M							
Say no to sex	F			1	1	1		
	M							
Don't get too drunk or Don't drink at all	F		1	2	4			
	M			1		1	5	
Only drink with people you trust	F							
	M			1				
Don't take drugs	F							
	M			1				
Use precautions. Be prepared	F			5	1	3		
	M					1	1	
Know where you are and what you are doing	F					1		
	M							
Don't go anywhere with a lad or your boyfriend on your own	F			2	1			
	M							
Don't know	F	1		2				
	M							
Go with responsible friends	F			1	1			
	M							
Talk to your partner	F							
	M					1		
Don't flirt with people	F			1				
	M							

Q38: Which of the following are effective forms of contraception?

Response/Age		12	13	14	15	16	17	Undisclosed
Crossed fingers	F			1				
	M		1					
Abstinence	F					2		
	M	3		1				
Gin/bath	F			1				
	M							
Male condom	F	1	1	10	15	6	1	
	M			2		7	12	1
Female condom	F			6	6	2		
	M			3		4	7	
Injection	F			5	7			
	M			3				
Implant	F			6	6		6	
	M			3		4	1	1
Patches	F			3	1	1		
	M			2			4	
IUD/coil	F		3	4				
	M		2		3	6		
The pill	F			11	2	4	3	
	M			2		3	12	1
Emergency contraception	F	1	1	10	10	3	6	
	M	1		1		1	1	

Q39: What is the legal limit for termination of pregnancy?

Response/Age		12	13	14	15	16	17	Undisclosed
No response	F	4	1	1	1	3	1	
	M	8						
12 weeks	F			3	3	1	2	
	M		1			2	6	
24 weeks	F		1	15	13	3	1	
	M			4		5	5	
30 weeks	F		1					
	M							

Q40: Are the following statements are true or false?

Statement	True or false	True		False	
		M	F	M	F
Emergency contraception (morning after pill) works better if you take it as soon as possible after unprotected sex	True	21	48	6	5
Emergency contraception (the morning after pill) still works 3 days after unprotected sex	True (much reduced)	14	28	16	22
You can take emergency contraception only once	False	6	13	23	39
Vomiting up to 3 hours after taking the pill will reduce its effectiveness	True	21	25	9	24
Severe diarrhoea may make the contraceptive pill less effective	True	22	20	8	25
Condoms prevent pregnancy and sexually transmitted infection	True	16	41	15	7
If I want to talk to somebody about my sexual health I have to get my parent's permission first	False	6	11	21	40
Using disinfectant on your genitals will cure a sexually transmitted infection	False	5	7	21	41
If you wash your genitals straight after sex it will prevent a sexually transmitted infection	False	5	8	22	43
Only females get Chlamydia	False	5	7	21	42
If I am under 16 then whoever I go to for contraception will tell my parents	False	7	15	22	35
You can't get a sexually transmitted infection though oral sex	False	5	17	21	31
You cannot get a sexually transmitted infection through anal sex	False	5	11	21	37
Some sexually transmitted infections can be treated but can't be cured	True	24	45	1	5
You can always tell if somebody has a sexually transmitted infection	False	3	8	23	41
You can always tell if you have a sexually transmitted infection yourself	False	4	16	23	33
The more sexual partners you have, the more chance you have of catching a sexually transmitted infection	True	25	38	2	11
Some sexually transmitted infections cause infertility	True	26	45	1	4
More than a quarter of teenagers have an STI	True	23	35	4	14
Emergency contraception (the morning after pill) is a type of abortion	False	9	26	17	22
You can prevent pregnancy if you have sex standing up	False	2	11	26	39
A girl can't get pregnant if she has sex during her period	False	6	16	18	32
Safer sex means pulling out before ejaculation	False	4	16	19	31

Q41: In terms of sexually transmitted infection would you say..?

Response/Age		12	13	14	15	16	17
I have absolutely no knowledge of this	F	3	2	2	1	1	
	M	5		1			
I have a fair amount of knowledge about this	F			12	9	1	2
	M	1		1		1	6
I think I have sufficient knowledge about this	F	1	1	3	7	4	2
	M	2		2		5	5

C) Attitude

Q7: What do you think or feel about having a sexual relationship yourself?

Response / Age		12	13	14	15	16	17	Undisclosed
I am too young	F	4	3	10	4		1	
	M	4	1	2				
I am old enough	F			1	2	1		
	M	2				5	6	1
It is too soon in this relationship	F			3	1	1		
	M	1					1	
This is the right time for me	F			5	3	2		
	M	1				3	6	
This is the right time for my girlfriend/boyfriend	F			1	1			
	M					4	3	
I will recognise the right time for me to have sex	F		1	4	6	3	2	
	M			1			4	
I am still unsure about whether to have sex or not	F			4	3	1		
	M							
My parents would be very upset if they thought I was having a sexual relationship	F		1	7	2	1		
	M							

Q11: What is the youngest age to start having a sexual relationship?

Response / Respondent Age →		12	13	14	15	16	17	Undisclosed
12 or younger	F							
	M							
13	F	1		1		1		
	M							
14	F		1	4	4			
	M			1	1			
15	F			2	6	3	1	
	M					2	1	
16	F	1		9	6		1	
	M	2	1	2		5	10	1
17	F			1				
	M					1		
18 or older	F	3	1	3	2	2	1	
	M	6	1					1

Reasons

(Being ready)

Got enough experience. Know what you are doing.  
Old enough to be responsible.  
Physically and psychologically ready.  
Mature enough.

(Risk management)

Knowledge of dangers.  
Risk of damage if younger.

(Age and period in life)

Life phase – finish at school  
Pragmatic – getting into serious relationships then.  
Legal issues.

Q14: What is your attitude to condom use?

Response / Age		12	13	14	15	16	17	Undisclosed
Condoms reduce sexual pleasure	F			3	2	1		
	M					3	2	
Condoms increase sexual pleasure	F							
	M					1		
Condoms do not really affect sexual pleasure	F			3	3	1	1	
	M			1	1	2		
Girls that carry condoms must be sleeping around	F				2			
	M						2	
Boys that carry condoms must be sleeping around	F			3	3			
	M						2	
It is the best way to avoid sexually transmitted infections	F		1	17	18	4		
	M	2		1	1	11	8	
It is the best way to avoid pregnancy	F	3		16	13	3		
	M	3			1	7	6	
It is considered to be a good thing by me and my friends	F			3	4	1	1	
	M			1		3	2	
I know it's important to use one but I have no idea how to put one on	F					2		
	M							
“Don’t know” or equivalent	F	1	1			1		
	M	4	2	2				

Q21: What about your attitude to alcohol? If a couple of mates have invited you to hang out with them at a party but suggest having a couple of alcoholic drinks first to get in the mood, do you...

Response / Age		12	13	14	15	16	17	Undisclosed
Go to the party but forget about the booze – you want to stay on top form all night.	F	1	1	2	5	1	1	
	M	1	2	1		1	2	1
Have the drinks, carry on drinking at the party and get so drunk you can't remember what you did or who with.	F			5	3	1		
	M	1		1		3	7	
Intend to have just one drink all night but give in and have two or three because your mates call you a bore. Before you know it you've had too much and you're smashed.	F		1	2	3		1	
	M					1	2	
Intend to have one drink all night and stick to your plans	F	3	1	10	7	3		
	M	6		2		3	2	1

Q22: Just for the boys! What do you think about becoming a dad at your age?

Response / Age	12	13	14	15	16	17	Undisclosed
I definitely would like to be a dad now/soon.							
		1				1	1
I sometimes think that it would be nice to be a dad now/soon.							
			1			1	
I don't want to be a dad yet but would not be too worried if it happened to me now/soon.							
					1	2	
I think my girlfriend would like to be pregnant now/soon.							
						1	
I would be very upset if I became a dad at his time in my life.							
	7	1	3		7	7	1

Q23: Just for the Girls! What do you think about becoming pregnant at your age?

Response / Age	12	13	14	15	16	17	Undisclosed
I definitely would like to be pregnant now/soon.			1				
I sometimes think that it would be nice to be pregnant now/soon.			2	3		1	
I don't want to be pregnant yet but would not be too worried if it happened to me now/soon.		1	2	1	3		
I think my boyfriend would like to be happy if I became pregnant now/soon.							
I would be very upset if I became pregnant at his time in my life.	4	1	14	13	3	2	

Q27: Tick the box which reflects your attitude to the following

I might try to get some form of contraception

Response / Age		12	13	14	15	16	17	Undisclosed
Already sorted, thanks.	F			5	5	3	1	
	M			1		8	10	1
Within the next week.	F	1	1	1	1	2	1	
	M						1	
Within the next month	F				3	1		
	M			1			1	
Within the next year	F			11	7		1	
	M	2						

I might ask for sexual health advice

Response / Age		12	13	14	15	16	17	Undisclosed
Already sorted, thanks.	F			6	8	3		
	M			1		4	7	1
Within the next week.	F	1	1	1			1	
	M					1	1	
Within the next month	F				3	2	1	
	M					1	1	
Within the next year	F			11	7	1	1	
	M	2	1	1		2	2	

Q28: f you have a boyfriend or girlfriend at the moment, how important would you say this relationship was to you?

Response / Age		12	13	14	15	16	17	Undisclosed
Only a little. I am more concerned about other aspects of my life such as exams, jobs or future plans.	F			8	3	2	1	
	M	2				2	2	
It is the most important thing in my life.	F	1		4	3	1	1	
	M		2	1		1	3	1
I am prepared to take sexual risks if it means this relationship will continue.	F		1			1		
	M					1	1	
I don't really spend much time thinking about school, exams or jobs anyway.	F			1				
	M	2						
Doesn't apply to me.	F	2	2	9	9	1		
	M	5		1		3	7	



D) Behaviour

Q9: Suppose that you were going out with (dating) somebody with more sexual experience than you.  
If you were worried about what to do, or whether to do it at all, would you...

Response / Age		12	13	14	15	16	17	Undisclosed
Just hope to pick up what to do from your date	F			7	1	2		
	M		2	1		8	9	
Ask your friends	F	1		10	12			
	M	3					4	1
Get some advice from the internet or leaflets or magazines	F			5	2	2	1	
	M						2	
Get some advice from a parent / carer	F	3		4	3	1		
	M	4					1	
Get some advice from a trusted adult	F		1	1	2	2	1	
	M						2	
Get some advice from a sexual health	F		3	4	2	3	1	
	M					1		

Q12: Would you ask your parents (or carers) about these issues?

		Where to get contraception from	How to use contraception	Your relationship with a girlfriend or boyfriend	Your sexuality – if you thought you were gay or lesbian	Sexually transmitted infections
Maybe if I was a bit older	F	12	15	7	4	2
	M	7	8	3	3	2
My dad but not my mum	F	2	1	1	1	1
	M	5	4	4	1	3
My mum but not my dad	F	15	12	17	9	13
	M	8	1	10	5	7
Male carer	F					
	M		1			
Female carer	F	3	8	4	7	8
	M					1
Only if I thought I had a STI	F	1	2	1		8
	M					10
Only if I thought girlfriend was pregnant	F	1		1		
	M	1		2		1
Absolutely never	F	8	6	5	27	11
	M	7	13	3	14	5
I already talk to my parents about this sort of thing	F	11	10	6	4	7
	M	7	5	10	7	2

Q13: If you prefer not to talk to your parents (or carers) about sexual health issues, who would you go to instead?

Response / Age		12	13	14	15	16	17	Undisclosed
A best friend	F	1		10	15	3	4	
	M	2	1	3		6	7	
A group of friends	F			1			2	
	M	1		1		1	4	
An older relative (sister, brother, cousin)	F			8	6	1	2	
	M	1	1	2		3	3	
A website	F			1	1	1	2	
	M			1		1	1	
A teacher	F	1	1	1	1			
	M	2				1	1	
A school nurse	F	1	1	3	3	1	1	
	M			1		3	2	
A Brook worker	F		1	1	2		2	
	M			1		2	1	
Nobody	F	1		2			1	
	M	2				1		
Someone else	F			2				
	M							1

Q17: Are you more likely to use condoms if you have a C Card?

Response / Age		12	13	14	15	16	17	Undisclosed
Yes	F	1	1	7	5	3		
	M			1		2	7	
No	F	2		1	4	2	1	
	M			1		1		2
Maybe	F	1		9	8	1	2	
	M	2				5	5	

Q18: Just for Boys! If the condom split during sex with a girlfriend what would you do?

Response / Age		12	13	14	15	16	17	Undisclosed
Tell your date and then discuss how she could get emergency contraception (the morning after pill) - the sooner the better	F							
	M	1	1	2		7	8	2
Try to get emergency contraception for her	F							
	M	1	1	2		4	4	
Pretend the condom didn't split and leave her to sort out any problems that might follow	F							
	M							
Get tested for sexually transmitted infection	F							
	M	2		3		3	2	
Cross your fingers and hope that it will be OK	F							
	M	1				1	2	

Q19: Just for Girls! If the condom split during sex with a boyfriend what would you do?

Response / Age		12	13	14	15	16	17	Undisclosed
Get emergency contraception (the morning after pill) - the sooner the better	F		1	11	13	4	3	
	M							
Get test for sexually transmitted infection	F		1	7	3	3	2	
	M							
Get a pregnancy test	F	2	1	11	7	2	1	
	M							
Cross your fingers and hope that it will be OK Get tested for sexually transmitted infection	F			2		1		
	M							
Go to a friend for advice	F	1		2	4			
	M							
Go to a trusted adult for advice	F	1	1	6	2	2	1	
	M							

Q20: Just for Boys! If the condom split during sex with a boyfriend what would you do?

“Does not apply to me” n=30  
No response n=6  
1 response (14yrs):  
'I'd explain the condom has split and would suggested we both get tested'

Q24: Just for the Boys! Do you think that...

	Yes	No	Maybe
You might be at risk of catching a sexually transmitted infection	1	9	12
Your girlfriend might be at risk of becoming pregnant	3	8	11
You could be pressured into having sex with your girlfriend	1	17	8
You could be pressurised into having sex with a boyfriend		32	
You might be at risk of having sex with somebody you didn't want to have sex with	2	25	3

Q25: Just for the Girls! Do you think that...

	Yes	No	Maybe
You might be at risk of catching a sexually transmitted infection	7	22	6
You might be at risk of becoming pregnant	11	12	8
You could be pressurised into having sex with your boyfriend	4	31	5
You might be at risk of having sex with somebody you didn't want to have sex with	4	31	5

Q29: How did you prepare for your first sexual relationship?  
(Tick as many as you like)

Response / Age		12	13	14	15	16	17	Undisclosed
I went for professional advice about contraception	F				1			
	M							
I asked a parent/carer for advice	F			2	2			
	M						1	
I asked a friend for advice	F		1	2	3		1	
	M				1	2	1	
I didn't ask for any advice but read leaflets or went on the internet for information	F				1			
	M						1	
I was totally unprepared	F			2		1		
	M						3	1
I made sure I had condoms to protect me from sexually transmitted infection	F		1	1	4			
	M				1	3	3	
I got contraception beforehand and used it	F			2	4			
	M					2	3	
I got contraception beforehand but didn't use it	F							
	M					2		
I didn't get any contraception beforehand	F			1		2		
	M						2	
My girlfriend used emergency contraception (the morning after pill)	F							
	M					1		
I used emergency contraception (the morning after pill)	F			2	1			
	M							
I didn't use any contraception at all	F			1				
	M						2	
I haven't considered this yet	F	1	1	6	9	4	2	
	M			1	1		3	
Did you do anything else?	F							
	M							

Q30: How did you prepare for your most recent sexual relationship?  
(Tick as many as you like)

Response / Age		12	13	14	15	16	17	Undisclosed
I went for professional advice about contraception	F							
	M						1	
I asked a parent/carer for advice	F			2	2			
	M							
I asked a friend for advice	F		1	2	3		1	
	M							
I didn't ask for any advice but read leaflets or went on the internet for information	F							
	M							
I was totally unprepared	F			1		1		
	M						2	
I made sure I had condoms to protect me from sexually transmitted infection	F		1	1	4			
	M					3		
I got contraception beforehand and used it	F			4	3	1		
	M					3	3	
I got contraception beforehand but didn't use it	F							
	M					2	1	
I didn't get any contraception beforehand	F							
	M							
My girlfriend used emergency contraception (the morning after pill)	F							
	M					2		
I used emergency contraception (the morning after pill)	F			1	1			
	M							
I didn't use any contraception at all	F							
	M							
I haven't considered this yet	F	2	1	4	7	4	2	
	M			2		2	4	
Did you do anything else?	F							
	M							

Q31: What did you do about handling the sexual expectations of your girlfriend or boyfriend?

Response / Age		12	13	14	15	16	17	Undisclosed
We didn't really discuss sex beforehand and I went further than I was comfortable with	F			2	1	1	1	
	M					3	8	
We discussed it beforehand and only went as far as we were both comfortable with	F		1	5	6			
	M							
I felt totally pressurised into sex	F			1				
	M							
This doesn't apply to me yet	F	4	2	9	3	2		
	M	7	2	2		3	5	

Q32: What do you do to avoid catching a sexually transmitted infection?

Response / Age		12	13	14	15	16	17	Undisclosed
Use condom	F		1	8	15	4	1	
	M	2		1		6	5	
Use contraception/protection	F			8	2	2	1	
	M			2			3	
Go to doctors/clinic	F	1	1	1				
	M		1			1		
Don't have sex Doesn't apply to me	F			1	1			
	M	1				1		
Be careful	F							
	M						3	
Tell your partner	F		1					
	M							
Don't know	F	3	1					
	M	5		1				

Q33: Just for Boys! How do you make sure that your girlfriend does not get pregnant?

Response / Age	12	13	14	15	16	17	Undisclosed
Wear condom			2		5	10	
(Girlfriend to) Take tablets	1				1	2	
Go to doctors/clinic		1					
Have operation	1						
Don't know	3	1					
Doesn't apply to me					2		
Just have to get pregnant and have the baby			1		1		

Q34: What do you normally DO about getting contraception or sexual health advice?

Response / Age		12	13	14	15	16	17	Undisclosed
Family planning clinic/Pharmacy	F			5	3	3	1	
	M					2	3	
C Card outlet	F			1	5			
	M					4	4	
Doctor	F			3	6	2		
	M			1		1	1	
TICTAC Bus	F		1	3	1	1		
	M			1		3	1	
Brook	F		1	3	1	2		
	M					2	1	
Too scared	F	1		1	2			
	M						1	



Q26: If somebody you have had sex with tells you that they think they might have a sexually transmitted infection what would you do?

Response / Age		12	13	14	15	16	17	Undisclosed
Rate them for being so honest and suggest you both get checked out at a sexual health clinic	F	1		9	11	3	2	
	M	1	1	2		3	8	1
Go to the clinic alone or with somebody else for support	F	2	1	7	4			
	M	3		1		1	1	
Doesn't apply to me yet	F	2	2	4	2	2	1	
	M	2	1			3	3	
Do nothing. Tell them you don't have symptoms but good luck with theirs!	F					1		
	M							

Q42: In terms of SEXUALLY TRANSMITTED INFECTION would you say...

Response / Age		12	13	14	15	16	17	Undisclosed
I have been tested but have never had an infection	F			1	2	1		
	M					3	7	
I know someone who has been tested or who actually has a sexually transmitted infection	F		1	2	3		1	
	M			3				
I have never had an infection and never been tested for one	F	1		12	9	4	2	
	M	5	2	2		3	5	1
I have actually had a sexually transmitted infection	F					1		
	M							

E) Services Used

Q35: If you use a C Card site, please write which you use in the box below.

14 female:      Tic Tac Bus  
16 male:        Tic Tac Bus  
16 female:      Image Centre

Q44: Which of the following services have you used for sexual health advice?

Response / Age		12	13	14	15	16	17	Undisclosed
Brook Wigan	F		1	1	3	1		
	M			1		1	2	
Brook Leigh	F			1	7		1	
	M			1				
A local pharmacy	F			2	3	1		
	M					1		
The Tic Tac Bus	F	1	1	3	5			
	M			1		1	1	
The Health Zone at Rose Bridge	F			1				
	M			1		1		
Connexions	F			3	5			
	M			1			1	
The walk-in centre	F			3	2			
	M	1						
Brook outreach	F							
	M							
College	F					1		
	M			1		2	9	
C Card site	F			2	4			
	M					1	3	
None	F	3	2	9	5	3	2	1
	M	2	3	2		2	2	

Other: mum/auntie n=2;  
school/class/SN/school doctor n=4;  
well woman clinic n=1.

Question 45: Which of these services do you use the most?

Question 47: How many times have you visited the service you use the most?

Response / Usage		Used the most	How many times
Brook Wigan	F	3	>2 = 5 2 = 1 1 = 1
	M	2	
Brook Leigh	F	4	>2 = 2 2 = 1 1 = 3
	M		
A local pharmacy	F	1	>2 = 1 2 = 0 1 = 0
	M		
The Tic Tac Bus	F	5	>2 = 4 2 = 0 1 = 2
	M	1	
The Health Zone at Rose Bridge	F		>2 = 0 2 = 0 1 = 0
	M		
Connexions	F	2	>2 = 1 2 = 0 1 = 1
	M		
The walk-in centre	F	4	>2 = 1 2 = 2 1 = 1
	M		
Brook outreach	F		>2 = 0 2 = 0 1 = 0
	M		
College	F	1	>2 = 0 2 = 2 1 = 8
	M	10	
C Card site	F		>2 = 0 2 = 0 1 = 1
	M	1	
None			

School/class/SN/school doctor: >2 n=3;  
twice n=1;  
once n=3.

Q46: How did you find out about the service you use the most?

Response/Source	A friend	At school	Website	Health professional	Radio or TV	Other
Brook Wigan	3	3	2	1	1	
Brook Leigh	5	2		2		My parents
A local pharmacy	1	1				
The Tic Tac Bus	6	1	1	1		Parents
The Health Zone at Rose Bridge						
Connexions	1	3				
The walk-in centre	2			1		Sister
Brook outreach						
College	1	5		4		
C Card site		1				
“School”	3	4		2		

Q48: Did your visit to this service give you enough knowledge or advice about the following?

Brook Wigan					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	3	3	3	3	2
Yes - a lot (M)	1	2	1	1	2
Yes - a little (F)					
Yes - a little (M)					
No (F)					
No (M)	1		1	1	

Brook Leigh					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	4	6	4	4	5
Yes - a lot (M)					
Yes - a little (F)	2		2	1	1
Yes - a little (M)					
No (F)				1	
No (M)					

Pharmacy					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)		1			1
Yes - a lot (M)					
Yes - a little (F)	1		1	1	
Yes - a little (M)					
No (F)					
No (M)					

Q46: How did you find out about the service you use the most?

TicTac					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	3	5	5	2	3
Yes - a lot (M)					
Yes - a little (F)	3	2	1	3	2
Yes - a little (M)					
No (F)	1		1	2	2
No (M)					

TicTac					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	3	5	5	2	3
Yes - a lot (M)					
Yes - a little (F)	3	2	1	3	2
Yes - a little (M)					
No (F)	1		1	2	2
No (M)					

Walk-In					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	3	4	2	3	1
Yes - a lot (M)					
Yes - a little (F)	1		1		1
Yes - a little (M)					
No (F)			1	1	2
No (M)					

Q48: Did your visit to this service give you enough knowledge or advice about the following?

College					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	1	1	1	1	1
Yes - a lot (M)	8	8	9	9	8
Yes - a little (F)					
Yes - a little (M)	2	2	1	1	2
No (F)					
No (M)					

C Card					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)					
Yes - a lot (M)	1	1	1	1	1
Yes - a little (F)					
Yes - a little (M)					
No (F)					
No (M)					

School					
Did your visits to this service give you enough knowledge or advice about..?					
	Avoid STI	Avoid pregnancy	Avoid unwanted sexual contact	Avoid unprotected or unsafe sex	Effect of alcohol or drugs on decisions
Yes - a lot (F)	2	3	1	1	3
Yes - a lot (M)					
Yes - a little (F)	1		2	2	
Yes - a little (M)					
No (F)					
No (M)					

Q49: Before your visit to this service, how would you rate your attitude to alcohol use?

		I never drink alcohol	I make sure I never drink alcohol if I think it might lead to unprotected sex	When I drink alcohol I do not think about whether it would lead to unprotected sex	I drink alcohol even if I think it might lead to unprotected sex	I know my limit and stick to it	I know my limit but often drink more
Brook Wigan	F				2		
	M	2		1		1	1
Brook Leigh	F				1	1	5
	M						
TicTac	F	4				2	2
	M						
Connexions	F		2			1	1
	M		1				1
Walk-In	F	2	2		1	2	
	M						
College	F			1			
	M	1	1	4	1	5	3
C Card	F						
	M			1		1	
School	F	1	1		1	1	
	M						

Q50: After your visit to this service, how would you rate your attitude to alcohol use?

		I never drink alcohol	I make sure I never drink alcohol if I think it might lead to unprotected sex	When I drink alcohol I do not think about whether it would lead to unprotected sex	I drink alcohol even if I think it might lead to unprotected sex	I know my limit and stick to it	I know my limit but often drink more
Brook Wigan	F				1	1	
	M	2	1	1	1	1	1
Brook Leigh	F			1		2	4
	M						
TicTac	F	3				1	3
	M						
Connexions	F		2			1	1
	M		1				1
Walk-In	F		1	1		2	
	M						
College	F		1				
	M	1	1	3	1	5	4
C Card	F						
	M			1		1	
School	F	1	1		1	1	
	M						

Q51: If you were not sexually active before you visited this service did your visit make you think about putting off having sex for a while?

Service/Effect on delaying		Doesn't apply to me	No	Yes	For about how long did you decide to wait?
Brook Wigan	F		2		
	M	2	1		
Brook Leigh	F	2	4		Until I thought I was ready (15)
	M				
TicTac	F	2	5		
	M				
Connexions	F	1		1	Until I'm 18 (14)
	M	1			
Walk-In	F	2	2		
	M				
College	F				
	M	5	4	1	A while (17)
C Card	F				
	M				
School	F		1	2	At least 18 (15)
	M				
Pharmacy	F			1	A few years (16)
	M				



Q52: Would you say your personal values about sex and relationships have changed since you visited the service?

Brook Wigan				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	1			3
I realised I needed further information and advice		1		3
I began to question my friends' ideas	1			3
I realised my friends needed further information and advice	1		1	2
I gained more confidence in my ability to control my own sex life	2			3
I gained more confidence and felt able to give my friends good information and advice	1		2	1

Brook Leigh				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	3	3		
I realised I needed further information and advice	1	5		
I began to question my friends' ideas	3	3		
I realised my friends needed further information and advice	1	5		
I gained more confidence in my ability to control my own sex life	4	2		
I gained more confidence and felt able to give my friends good information and advice	4	2		

Q51: If you were not sexually active before you visited this service did your visit make you think about putting off having sex for a while?

A Local Pharmacy				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	1			
I realised I needed further information and advice	1			
I began to question my friends' ideas	1			
I realised my friends needed further information and advice	1			
I gained more confidence in my ability to control my own sex life	1			
I gained more confidence and felt able to give my friends good information and advice	1			

The TICTAC Bus				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	2	4		
I realised I needed further information and advice	3	3		
I began to question my friends' ideas	3	3		
I realised my friends needed further information and advice	4	3		
I gained more confidence in my ability to control my own sex life	2	3		
I gained more confidence and felt able to give my friends good information and advice	3	2		

Connexions				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas		2		
I realised I needed further information and advice	1	1		
I began to question my friends' ideas	1	1		
I realised my friends needed further information and advice	1	1		
I gained more confidence in my ability to control my own sex life	1	1		
I gained more confidence and felt able to give my friends good information and advice	1	1		

The Walk-In Centre				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	3	1		
I realised I needed further information and advice	1	3		
I began to question my friends' ideas	2	2		
I realised my friends needed further information and advice	1	3		
I gained more confidence in my ability to control my own sex life	2	2		
I gained more confidence and felt able to give my friends good information and advice		4		

College				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	1			10
I realised I needed further information and advice	1		3	7
I began to question my friends' ideas	1		2	8
I realised my friends needed further information and advice		1	3	7
I gained more confidence in my ability to control my own sex life	1		5	5
I gained more confidence and felt able to give my friends good information and advice	1		5	5

C Card Site				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas			1	
I realised I needed further information and advice			1	
I began to question my friends' ideas			1	
I realised my friends needed further information and advice			1	
I gained more confidence in my ability to control my own sex life			1	
I gained more confidence and felt able to give my friends good information and advice			1	

School				
Item/Response	Female		Male	
	Yes	No, not really	Yes	No, not really
I began to question my own ideas	2	1		
I realised I needed further information and advice	1	1		
I began to question my friends' ideas	1	1		
I realised my friends needed further information and advice		2		
I gained more confidence in my ability to control my own sex life	1	1		
I gained more confidence and felt able to give my friends good information and advice	1			

Q53: Which service would you like to tell us about?

Q54: What would you like to tell us about this service?

School	"School nurse"	(14, female)
Brook Wigan	"It's reliable"	(13, female)
C Card	"Good"	(17, male)
Brook Wigan	"Brook is the best"	(16, female)