



NHS Dorset Sexual Health Services Questionnaire 2009

Overview Summary



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Introduction

NHS Dorset are undertaking a review of sexual health services to enable them to identify the most appropriate way of delivering these services to the Dorset population. NHS Dorset's Sexual Health Strategy sets out the vision for the delivery of sexual health services and outlines the importance of integrated local provision that is easily accessible and provides informed choices for service users.

The main objectives of the strategy are:

- To improve the sexual health of the population of NHS Dorset
- To narrow sexual health inequalities
- To ensure that services are in place to meet local sexual health needs

NHS Dorset has commissioned MRG, based at Bournemouth University, to undertake this research. MRG aims to be a key independent resource for the provision and interpretation of market intelligence for its clients. The group offers expertise, experience and advice in the field of market research, tailored to suit the needs of individual organisations. MRG has specialised in consultation of this sort, and has numerous projects to its name.

This report is an overview report, including an assessment of response rates, headline results, respondent demographics and panel response.

The Market Research Group

The Market Research Group (MRG) is an independent market research agency based within Bournemouth University. We are a full service agency, with our trained staff giving us the ability to conduct desk research, quantitative and qualitative projects.

We specialise in providing market research and intelligence services to public sector organisations, and organisations within the academic, tourism and heritage sectors. The group has built up a wealth of unrivalled expertise, knowledge and benchmarking information in these sectors at a national, regional and local level.

We work in partnership with our clients and focus on adding value at every stage of the research process together with a cost effective and flexible service. The Market Research Group is able to bring a considered and practical approach to research and offer innovative research solutions to maximum effect.

MRG adheres to the Market Research Society's (MRS) code of conduct and the Data Protection Act 1998, which ensures that both our clients and respondents are treated fairly.

Methodology:

Methodology overview: The methodology utilised was a postal and on-line survey of panel members. Due to the questionnaire subject and aims it was distributed exclusively to panel member under the age of 60 years. The questionnaire was therefore sent to 44% of the panel (841 members). Standard age categories were used throughout the report.

Response Rate: 379 members returned completed questionnaires; this is a response rate of 45%. A marginally lowered response rate would be expected due to the subject area and future use of the panel is likely to yield a higher response rate. A sample of 379 implies that the results are representative of the entire target population to within $\pm 5.03\%$ at the 95% confidence level (i.e. there is only 1 chance in 20 of the margin of error contained within the results being greater than 5.03%).

Questionnaire Design: The questionnaire was designed by MRG, in conjunction with NHS Dorset, specifically to fulfil the research objectives of this project. The questions included; pre-coded (tick response), open-ended, rating and ranking questions.

Survey Results

Introduction:

The results will be separated into relevant sections covering the various aspects of sexual health services in Dorset.

Sexual Health Services

This section will cover respondents' overall satisfaction with current access to sexual health services, addressing the services that they may potentially require over the next five years, the preferred proximity of services and the location of services

Accessing Services

This section will look barriers experienced by respondents when accessing sexual health services and the possible implications of not feeling able to access these services.

Satisfaction with Services

Respondents' satisfaction with their experiences of sexual health services in Dorset over the past year will be assessed including their most recent experience of services.

Promoting Sexual Health Services in Dorset

This section will assess respondents' knowledge of sexual health services and their preferred method and location of promotion of services. It will look at when respondents would like to be able to access services and service aspects that are most important to respondents.

Respondent Overview

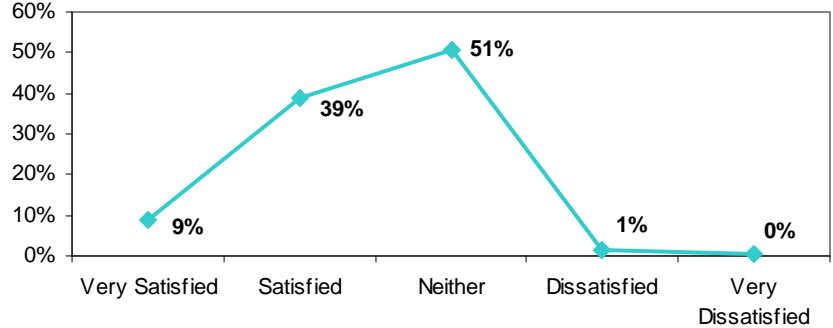
- Aged between 18 and 60 years of age, 61% between 35 and 54 years of age.
- 75% of respondents were female.
- 93% of respondents reported being Heterosexual.
- 81% of respondents reported being sexually active.

Sexual Health Services

Satisfaction with access

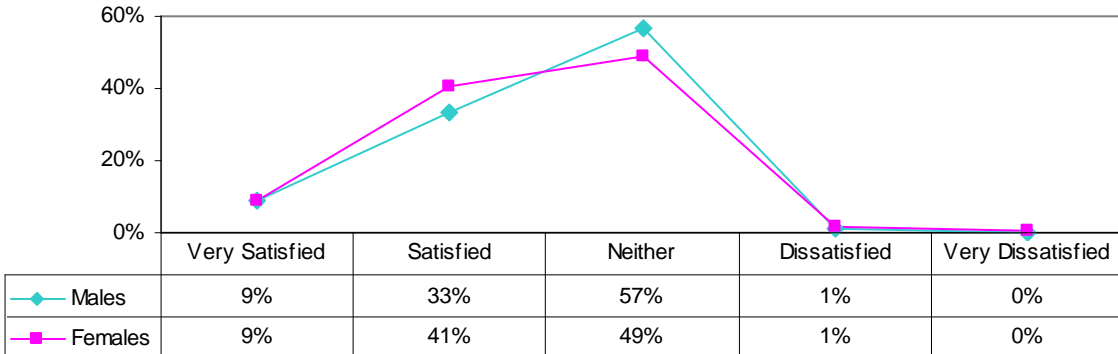
The majority of respondents reported being neither satisfied or dissatisfied with their access to sexual health services in Dorset. 39% of respondents reported being satisfied, and a further 9% very satisfied.

Figure 1a: Satisfaction with access to sexual health services in Dorset



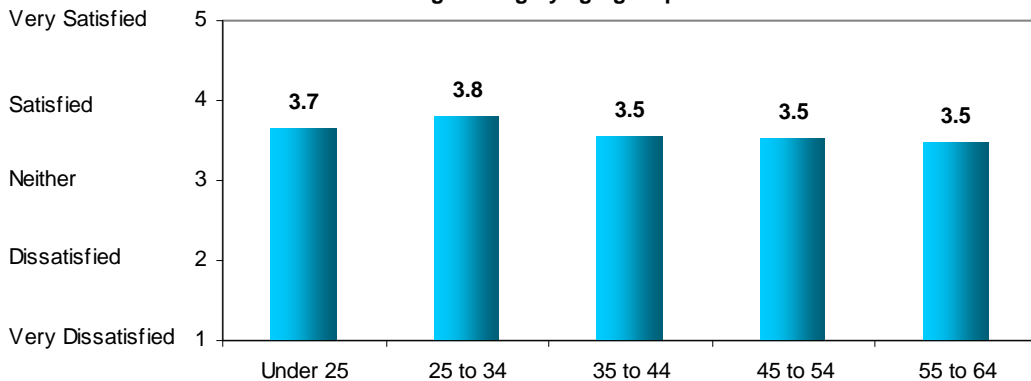
Females are marginally more satisfied with their access to sexual health services in Dorset than males, with 41% reported being satisfied compared to just 33% of males.

Figure 1b: Satisfaction with access to sexual health services in Dorset by gender



Respondents under the age of 34 reported a higher level of satisfaction with their current access to sexual health services than respondent aged between 35 and 64 years. 70% of respondents under the age of 25 years reported being satisfied, and 61% of respondents aged between 25 and 34 years also reported being satisfied. The majority of respondents in all age groups reported being either satisfied or neither satisfied or dissatisfied.

Figure 1c: Satisfaction with access to sexual health services in Dorset - Average rating by age group



Potential Usage

59% of respondents reported that they may require contraceptive information and advice during the next 5 years. 46% reported requiring the provision of contraception and just under a quarter reported that they may require advice on sexually transmitted diseases.

Figure 2a: Potential usage

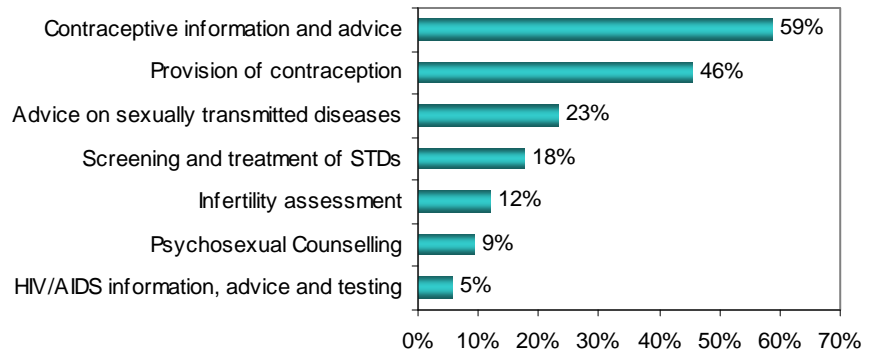
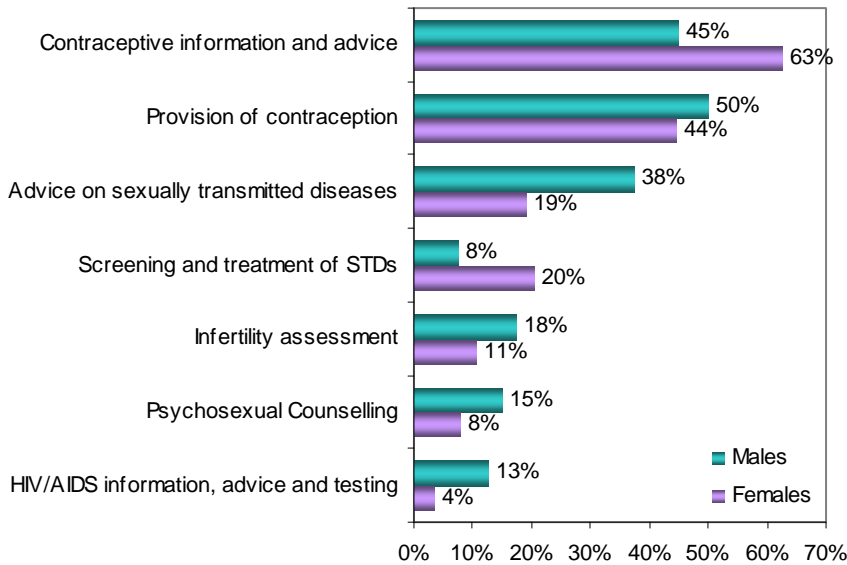


Figure 2b: Potential usage by gender



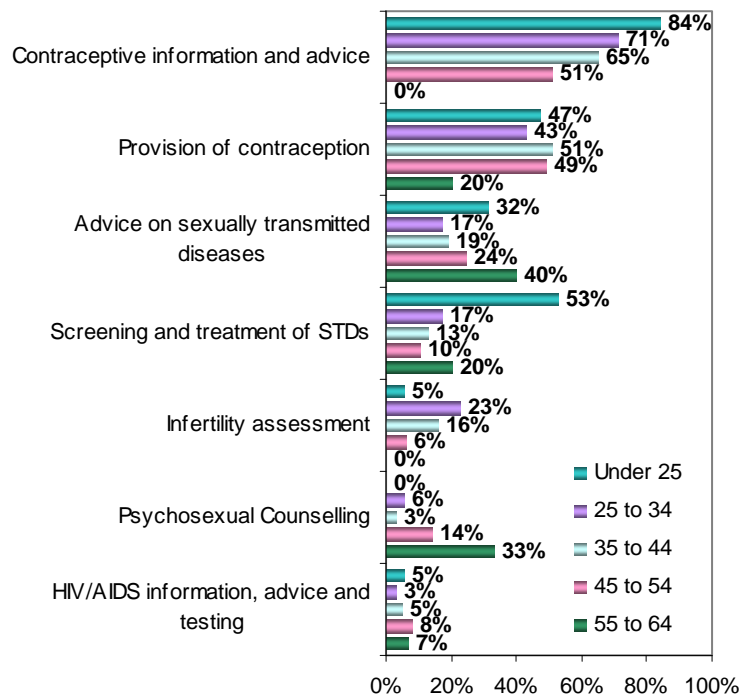
The majority of females reported that they may require contraceptive information and advice (63%), whereas the majority of males reported requiring the provision of contraception (50%). Twice as many males as females reported that they may require advice on sexually transmitted diseases. However, over twice as many females reported that they may require screening and treatment of sexually transmitted diseases than males.

84% of respondents under the age of 25 reported that they may require contraceptive information and advice, this proportion consistently decreases with age, with no respondents over 55 reporting needing this type of advice.

Respondents under 25 were more likely to require screening and treatment of STDs as well as advice in this area.

33% of respondents aged between 55 and 64 years reported that they may require psychosexual counselling. However the majority of respondents in this age group did not respond to this question (77%), so results for this age group can be seen as indicative only. This suggests that the vast majority of respondents within this age group feel that they will not require general sexual health services.

Figure 2c: Potential usage by age



Potential Usage – Female Specific Services

75% of females reported that they may require advice on the menopause during the next 5 years, with 52% requiring intervention to reduce menopausal symptoms.

Figure 2d: Potential usage - Female specific services

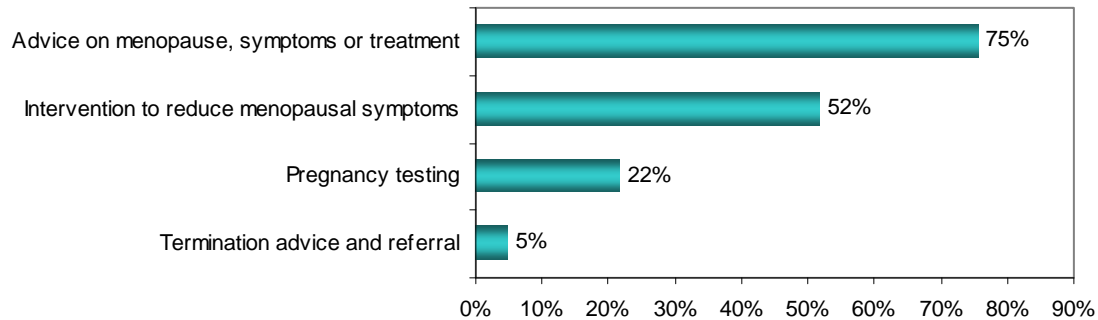
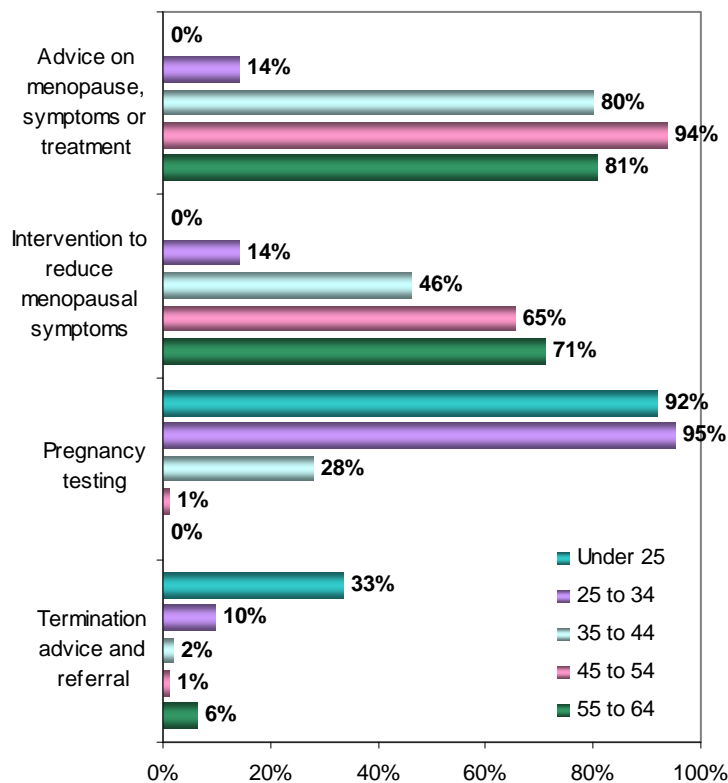


Figure 2e: Potential usage by age



The majority of respondents over the age of 35 years reported that they may require advice on the menopause in the next five years, 94% of respondents between the ages of 45 and 54 reported requiring this advice.

The majority of respondents under the age of 35 years reported that they may require pregnancy testing in the next 5 years.

Respondents under the age of 25 reported the highest proportion that may need termination advice and referral in the next five years.

Location of services

Contraceptive information and advice – The majority of respondents reported wanting to receive their contraceptive information and advice from their GP (85%), with 35% wanting to be able to access the information at a local sexual health clinic. This was consistent over all age groups and both genders.

Provision of contraception – The majority of respondents wished to be able to access contraception from their GP (86%) with a further 36% wanting to access contraception from their local sexual health clinic. A marginally higher proportion of males would like to access this information from their local sexual health clinic. Respondents under the age of 25 were more inclined to access this information from their local sexual health clinic than older respondents.

Advice on sexually transmitted diseases – The majority of respondents would like to receive advice on sexually transmitted diseases from either their GP (63%) or their local sexual health clinic (56%). This remained consistent regardless of age or gender.

Screening and treatment of sexually transmitted diseases – The majority of respondents wanted to receive screening and treatment for STDs from their local sexual health clinic (60%), 47% would like to receive this service from their GPs. This remained consistent regardless of age or gender.

Infertility assessment – 61% of respondents would like to receive this service at their local GP, other popular locations included a Community hospital (32%) or a specialist provider (30%). This remained consistent regardless of age or gender, with exception of respondents under 25 years who would like to receive this service at their local sexual health clinic.

Psychosexual Counselling – Respondents most frequently reported wanting to access this service at their GP (45%), local sexual health clinic (36%) or a specialist provider (39%).

HIV/AIDS information, advice and testing – The majority of respondents wished to receive this service from their GP (59%) or local sexual health clinic (50%). The largest proportion of respondents under the age of 45 years would like to receive this service from their GPs, whereas the largest proportion of respondents over 45 years would like to receive this service from the local sexual health clinic.

Table 3a: Location of services							
	GP	Local Sexual Health Clinic	Community Hospital	Acute Hospital	Specialist Providers	College/ University	Other
Contraceptive Information and Advice	85%	35%	15%	2%	10%	12%	3%
Provision of contraception	86%	36%	15%	2%	10%	11%	5%
Advice on sexually transmitted diseases	63%	56%	15%	3%	15%	14%	4%
Screening and treatment of STDs	47%	60%	23%	4%	13%	6%	1%
Infertility assessment	61%	22%	32%	6%	30%	1%	2%
Psychosexual Counselling	45%	36%	19%	2%	39%	9%	2%
HIV/AIDS information, advice and testing	59%	50%	21%	5%	26%	10%	4%

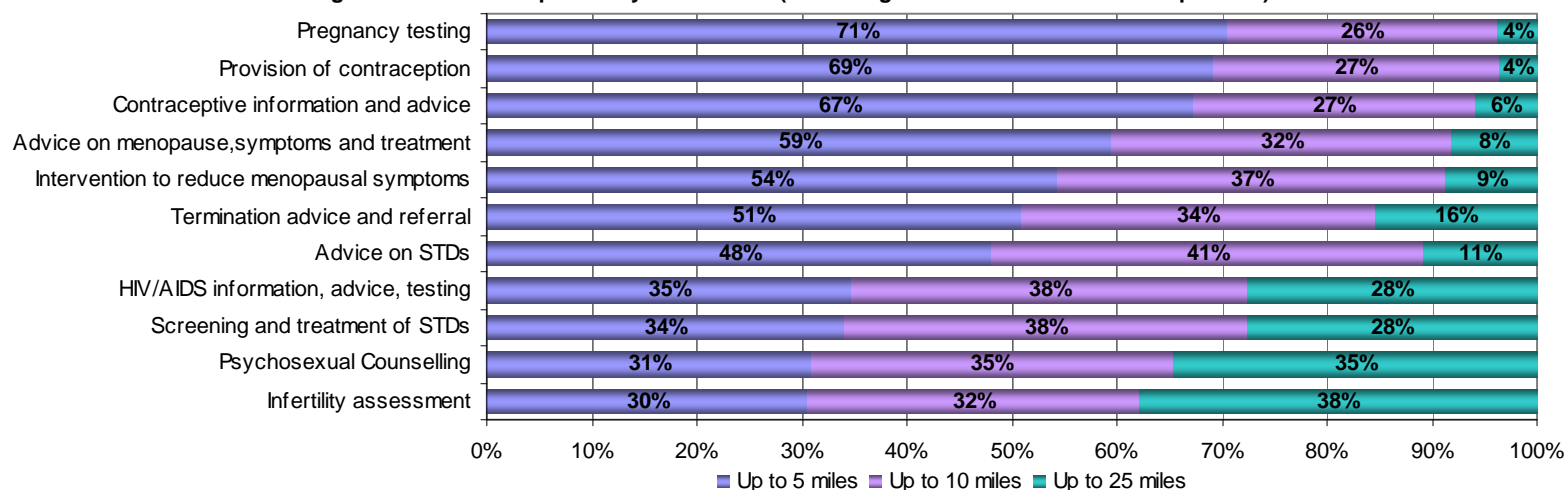
Location of services – Female specific services

The majority of women indicated that they would like to be able to access all female specific services at their local GP. The majority of female respondents in all age groups would like to access all their services from their GP.

	GP	Local Sexual Health Clinic	Community Hospital	Acute Hospital	Specialist Providers	College/ University	Other
Advice on menopause, symptoms and treatment	93%	16%	19%	3%	18%	2%	3%
Intervention to reduce menopausal symptoms	92%	18%	17%	1%	15%	3%	4%
Pregnancy testing	90%	26%	21%	5%	9%	8%	7%
Termination advice and referral	83%	30%	26%	6%	19%	7%	4%

Preferred proximity of services – The majority of respondents were only prepared to travel up to 5 miles for; pregnancy testing (71%), provision of contraception (69%), contraceptive information and advice (67%), advice on menopause and symptoms (59%), intervention to reduce menopause symptoms (54%) and termination advice and referral (51%). The majority of respondents are willing to travel 10 miles or more for; advice on STDs, HIV/AIDS information, advice or testing, screening and treatment of STDs, psychosexual counselling and infertility assessments. Respondent's report being willing to travel the furthest for psychosexual counselling and for infertility assessments.

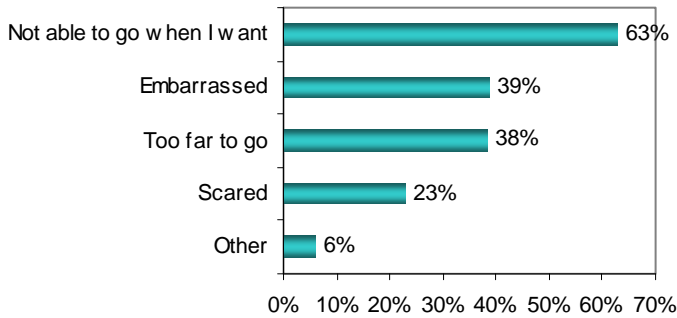
Figure 4a: Preferred proximity of services (excluding Don't Know and other responses)



Accessing Services

Barriers to accessing services

Figure 5a: Barriers to access



The primary barrier stopping respondents accessing sexual health services was reported to be not being able to access the services when they want to, (63%). 39% of respondents reported being too embarrassed, and 38% reported that the services were too far to go.

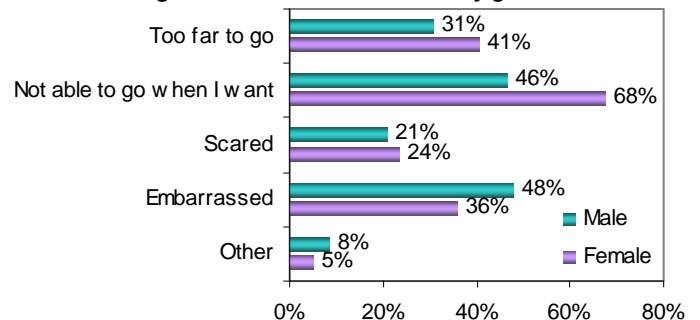
Other

- Too local/confidentiality.
- Not wishing to appear to make a fuss over something possibly trivial.
- Not knowing the services are available.
- Not enough time available.
- Not able to go even if I wanted to.
- Not able to get there.
- Not a good service.
- No female doctor.
- Needs to fit in with work.
- Need to be near work or open longer.
- Medication - I prefer alternative.
- Like to see familiar people e.g. GP.
- Lack of time.
- Insufficient public transport.
- Ignorance.
- I would go if I had to go but having time off work is an inconvenience.
- I know someone who works at a sexual health centre.
- Expensive travelling.
- Due to my job.
- Dorset NHS.
- Don't want my parents to have to take me.
- Doctor's not interested and being treated like a hypochondriac.
- Disability/transport.
- Confidentiality.
- Child care during inappropriate discussions for young child.
- Being unaware of where the services were located.
- Attitude of person I consult.
- Waiting times.

The primary barrier for females was convenience, 68% reporting that their primary barrier was not being able to go when they want to. Open ended respondents indicated this may be motivated by issues such as child care and work commitments.

The primary barrier for males was embarrassment, 48% of males reported this would stop them accessing the services they required. Other commitments were also an issue for males with 46% indicating that not being able to go when they want may stop them from accessing services.

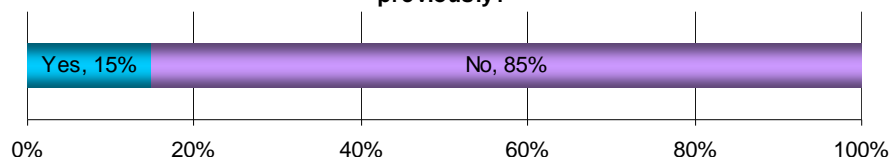
Figure 5b: Barriers to access by gender



Outcomes of not accessing services

15% of respondents reported not accessing sexual health services when they felt they needed to. The outcomes of respondents not having accessed these services are listed below.

Figure 6: Has anything stopped you accessing services previously?



Outcomes of not accessing sexual health services:

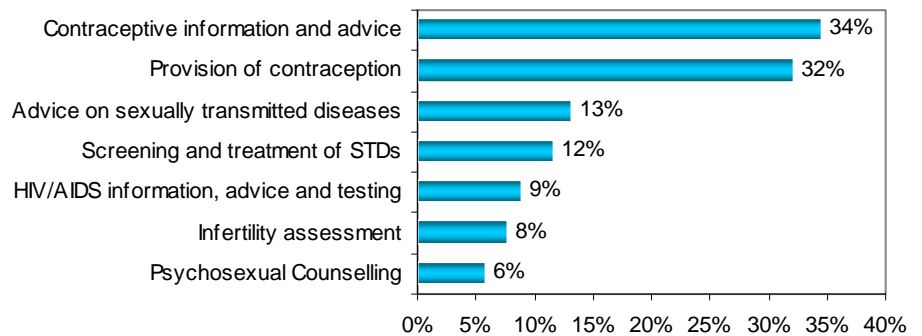
- Bloppy penis and lots of pain.
- Delay in treatment.
- Delayed process.
- Depression got worse.
- Didn't know if I had a serious problem or not.
- Finding information through internet
- Go to GP.
- Had to go at an inconvenient time and take time off work
- Having to delay smear tests because no times are available.
- Having to help myself in the best way I can, through books etc.
- I confided in a member of my family for advice and went to my local GP.
- I did not bother.
- I didn't get the best contraception advice/methods available to me.
- I had to attend at a later date as a emergency.
- I only ever got tested for STI in my late 20's when I went with a friend.
- I phoned instead and found out the clinic did not offer the service I needed - gum clinic does not offer family planning.
- It delayed treatment pre-menopausal symptoms as I was not informed of availability of the coil through sexual health clinic.
- It wasn't as bad as I thought and got sorted quickly.
- Just didn't go for check ups.
- Long wait, doctor was embarrassed and too far to travel.
- Luckily nothing.
- Moderate difficulties unresolved.
- No vasectomy for husband.
- Possibly the course of a miscarriage.
- Pregnancy scare - no outcome.
- Problems became far worse and needed much more intervention.
- Resolved 'mental' issues - hang ups, body confidence, traditional female reservations/Mills and Boon scenarios vs. self pleasure etc.
- Still having very frequent (40 times a day) hot flushes after 6 years.
- Still need full screening.
- Still ongoing.
- Still suffering with the menopause I think but scared and embarrassed to go.
- Taking self responsibility - alternative natural methods - herbalist, nutritionist, yoga, EFT.
- Unplanned child

Satisfaction with Services

Satisfaction with services recently used - All

Figure 8a: Services Used - All

The most frequently utilised services were; contraceptive information and advice (34%) and the provision of contraception (32%).



Respondents were most satisfied with the contraceptive information and advice they received and the provision of contraception available, with the majority of respondents being either satisfied or very satisfied. The lowest rated service was psychosexual counselling, with 60% of respondents reporting to be neither satisfied nor dissatisfied with the service they received, with exception of this service males rated all services lower than females (figure 8c).

Figure 8b: Satisfaction with sexual health services - All

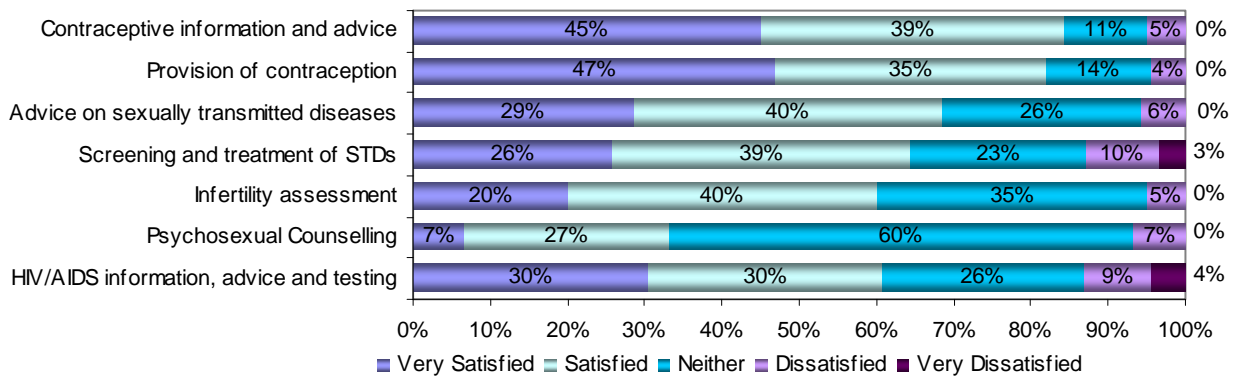
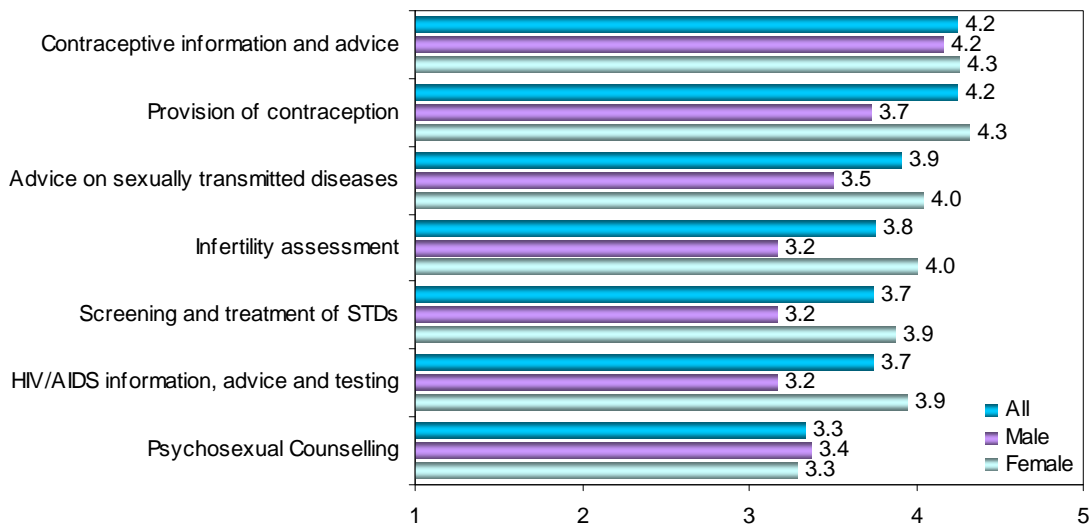
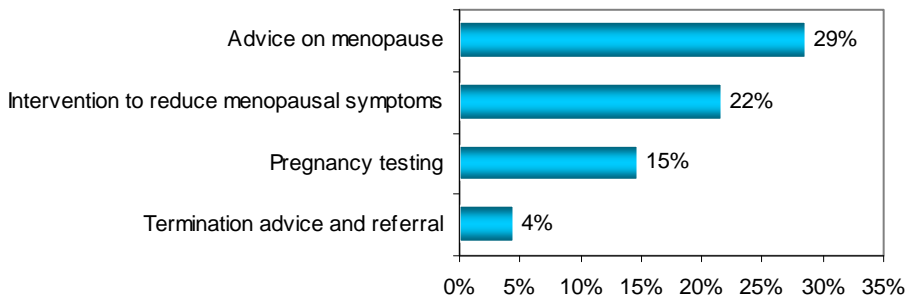


Figure 8c: Sexual health services - Average ratings (1=Very dissatisfied to 5 = Very satisfied)



Satisfaction with services recently used - Female specific.

Figure 8d: Services Used - Female Specific



29% of female respondents indicated that they had previously accessed advice on the menopause and 22% had sought intervention.

Female respondents were most satisfied with their experience of pregnancy testing, with 52% of respondents reporting being very satisfied with their experience. On average, respondents were the least satisfied with the service they received regarding termination advice and referral, with 75% reporting being neither satisfied nor dissatisfied, no respondents reported being dissatisfied; it is possible that this maybe as a result on the nature of the service received.

Figure 8e: Satisfaction with sexual health services - Female Specific

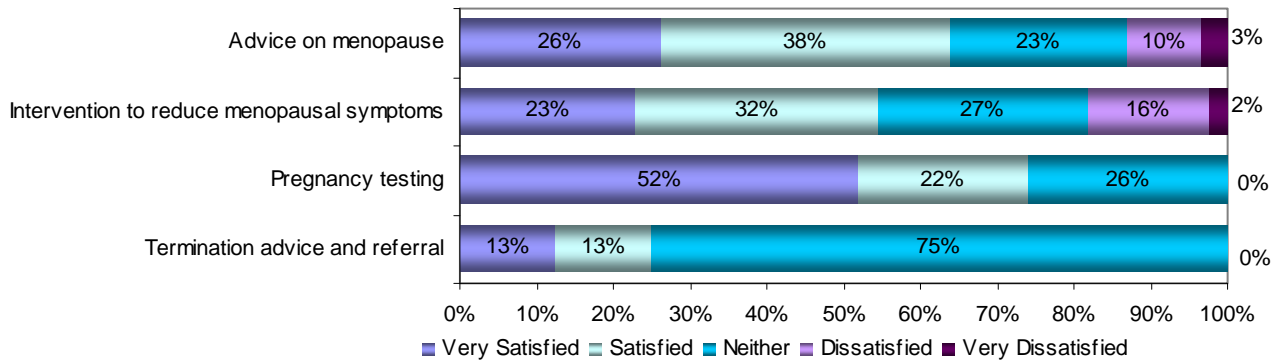
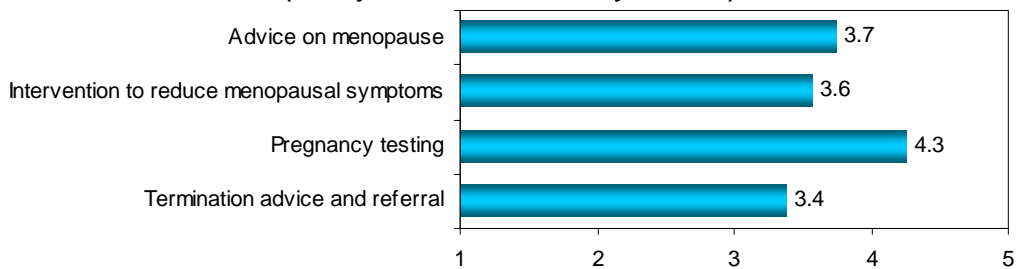
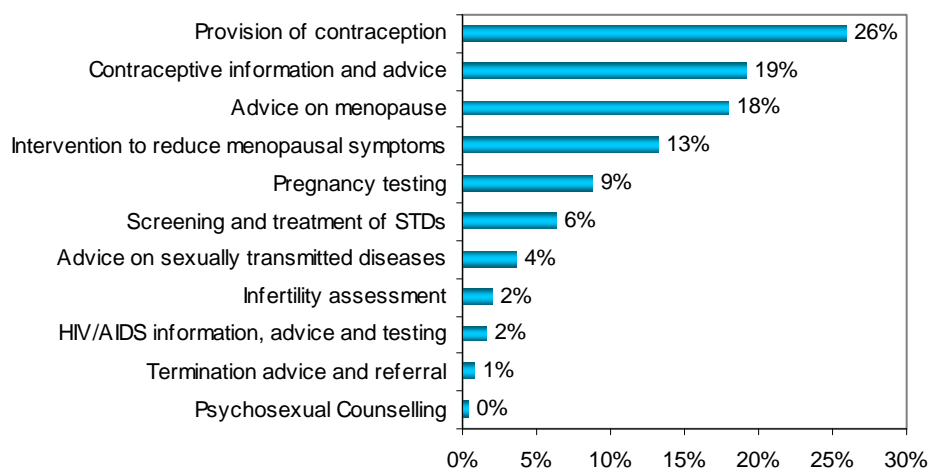


Figure 8f: Sexual health services - Average ratings (1=Very dissatisfied to 5 = Very satisfied)



Experience of Services

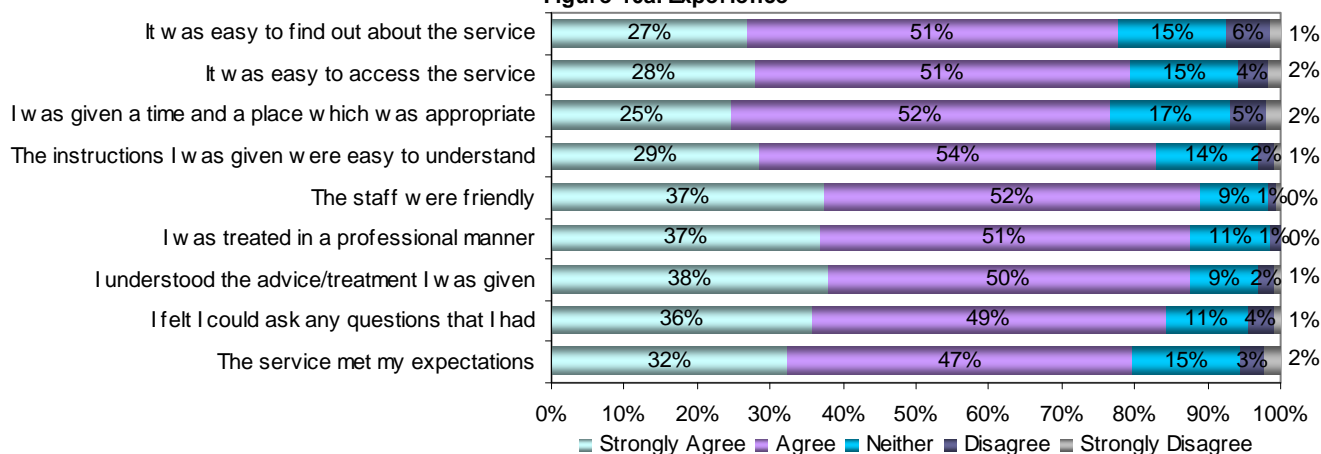
Figure 9a: Which service had you used the most recently?



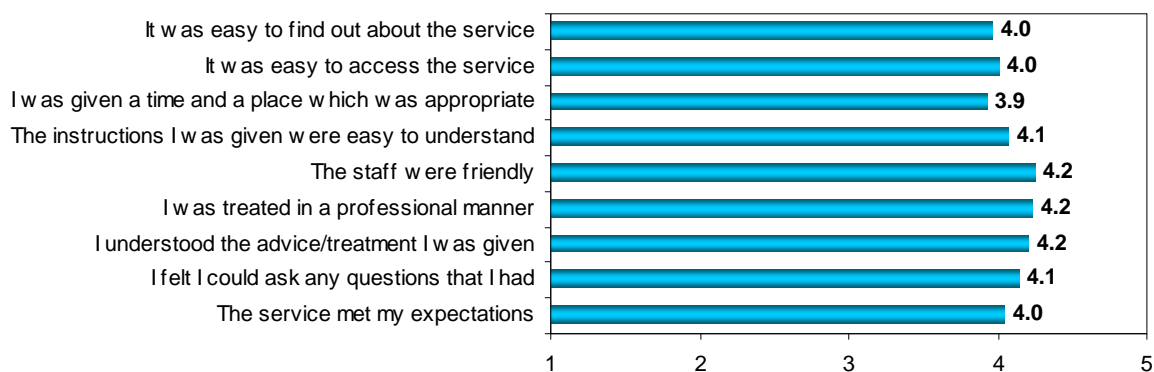
26% of respondents have most recently used a sexual health services for the provision of contraception, 19% contraceptive information and advice and 18% for advice on menopause.

The majority of respondents either agree or strongly agreed with all statements. Indicating their most recent experience was positive. 79% of respondents indicated that the service met their expectations.

Figure 10a: Experience



**Figure 10b: Experience - Average
(1=Strongly Disagree, 5=Strongly Agree)**



Experience –Average rating by service



Figure 10c shows the average ratings for each service, on a scale of 1 = strongly disagree and 5 = strongly agree. An average rating between 3.5 and 5 indicates a level of agreement with a statement, a rating under 3 indicates a tendency to disagree with the statement. Due to the sample size of some groups these results should be taken as indicative. Results above the group average are marked in blue, average results in white and below average results in purple. From this and the positive nature of the questions we can see that respondents reported a positive experience with regards to the majority of services. The lowest rated service was HIV/AIDS information, testing and advice. Respondents reported finding it difficult to find out about the service and tended to disagree that the service met their expectations.

	Contraceptive information and advice (sample 48)	Provision of contraception (sample 65)	Advice on STDs (sample 9)	Screening and treatment of STDs (sample 16)	Infertility assessment (sample 5)	Psychosexual Counselling (sample 1)	HIV/AIDS information, advice and testing (sample 4)
It was easy to find out about the service	4.2	4.2	3.9	4.1	3.6	4.0	3.0
It was easy to access the service	4.0	4.3	4.2	4.1	3.6	4.0	2.8
I was given a time and a place which was appropriate	4.0	4.2	4.1	3.9	3.8	4.0	3.3
The instructions I was given were easy to understand	4.2	4.3	4.2	4.2	4.0	4.0	3.3
The staff were friendly	4.2	4.4	4.3	4.7	4.2	4.0	3.8
I was treated in a professional manner	4.2	4.4	4.3	4.8	4.2	4.0	3.3
I understood the advice/treatment I was given	4.3	4.4	4.3	4.8	3.8	4.0	3.3
I felt I could ask any questions that I had	4.2	4.4	4.3	4.6	4.2	4.0	3.0
The service met my expectations	4.1	4.2	4.3	4.5	4.0	4.0	2.7

Experience –Average rating by service (cont.)

A rating between 3.5 and 5 indicates a level of agreement with each statement. The results below indicate a general level of agreement and are therefore a positive reflection of the services as a whole, however, as the table indicates some services are not rated as highly as others. As sample sizes are small, these results may not reflect the population as a whole.

Figure 10c(2): Experience - Average ratings by Service				
	Advice on menopause (sample 45)	Intervention to reduce menopausal symptoms (sample 33)	Pregnancy testing (sample 22)	Termination advice and referral (sample 2)
It was easy to find out about the service	3.6	3.9	4.1	4.0
It was easy to access the service	3.8	4.1	4.0	3.5
I was given a time and a place which was appropriate	3.8	3.9	4.0	4.0
The instructions I was given were easy to understand	3.9	4.2	4.0	3.5
The staff were friendly	4.2	4.3	4.2	4.0
I was treated in a professional manner	4.1	4.3	4.2	3.5
I understood the advice/treatment I was given	4.0	4.2	4.3	4.0
I felt I could ask any questions that I had	4.0	4.1	4.1	3.5
The service met my expectations	3.9	3.9	4.0	4.0

Reasons respondents were dissatisfied with services.

Contraceptive information and advice

- Being able to get an appointment.
- GP's don't appear to be clear on the medicine they are prescribing you. I had to go away and investigate and come back with my ideas.
- I feel the whole sexual health service is a joke. It is highly embarrassing to go to one of your centres and sit around with other people with similar problems. We should be treated with respect
- I had wanted to pursue contraceptive options my only choice was an evening which is very difficult for me to organise. I expect that service to be offered to me by my GP at my location
- I was treated like an idiot.
- It had to be done on their terms, the clinic is only open for 2 half days a week for walk-in the rest is for appointments. I believe they should have more walk-in days
- The service from the pharmacy was indiscreet and inefficient
- Took over 18 months to arrange for my husbands vasectomy due to name mix up - called GP number of times before resolved.

Provision of contraception

- Coming from the EU I was unaware of the procedure of how to get contraception and advice in the UK. I was only seen by the nurse compared to the specialist who I used to see in Germany.
- Could only ring up GP/nurse appointment on the day, so difficult to arrange/organise in advance.
- I had to get emergency contraception and was treated like I was a stupid teenager. I am married and was concerned that my normal contraception had failed.
- I wanted a vasectomy and was referred to Marie Stopes - their facilities were sordid and badly organised.
- I was stressed and wanted an easy option - but found it hard at the time. Full screening request - times limited or travel to Weymouth.
- On holiday in Devon, had to return to Dorchester for contraception (advice) after GP didn't return phone call.
- The GP did not know how frequently my diaphragm should be renewed - new GP, but agreed to prescribe to me as mine was two years ago. Practice nurse very helpful.

Screening and treatment of STDs

- Incorrect times of clinic given by GP, hours were inconvenient when working.
- Information on local clinics not displayed at surgery had to go through C.A.B.
- Not enough knowledge of more local clinics
- Professional staff helpful, rushed but listened and had the opportunity to ask questions, reception staff some friendly some rude one in particular different attitude to maternity patients and less than helpful with others.

Infertility assessment

- Found some of advice given, confusing - medical terms used that I was not clear about.
- My husband and I didn't fit the NHS criteria for IVF so we have had to go for private treatment through an NHS hospital.

HIV/AIDS information, advice and testing

- When asked local GP he was very embarrassed. Told to look on internet which never had and don't know how to use.

Advice on menopause.

- Conflicting information.
- GP's seemed to brush you off.
- Hard to get a one to one appointment with a GP, they want to do everything with a phone call and you cannot discuss intimate things over the phone particularly if other family members are in the room.
- I find it difficult to make appointments due to random shift patterns. I went to Wimborne hospital and saw a nurse and later a consultant. It took over 6 months from referral to appointment.
- No other alternative information available to overcome menopausal symptoms.
- Sometimes doctors are pushed for time. It would be nice to have a more female orientated facility.
- The clinic in the hospital failed to suggest morena coil but did offer hysterectomy. Morena coil turned out to be a easy and excellent solution to the symptoms.

Intervention to reduce menopausal symptoms

- GP did not refer me to specialist.
- It just didn't work and is hard to access.
- Process was not fully and clearly explained. Staff may be highly qualified but have forgotten the basic need for the care element in the service such as assisting with personal hygiene, edible food and
- Would be beneficial if advice could be given that includes partners needs/difficulties without 'fuss' of referral to psychosexual counsellor.

Promoting Sexual Health Services in Dorset

Knowledge of Sexual Health Services

The majority of respondents reported knowing how to access the Sexual Health Services they needed. Females appeared slightly better informed than males.

Knowledge of sexual health services appears to decrease with age. 75% of respondents under the age of 25 felt that they knew how to access services; this continually decreased to just 50% of respondents aged over 55 years.

Figure 12a: Knowledge of Sexual Health Services in Dorset

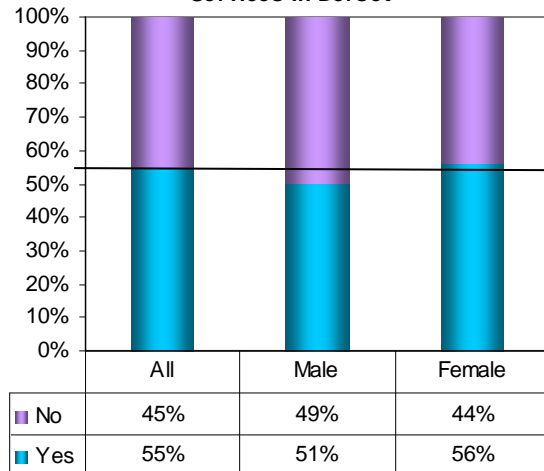
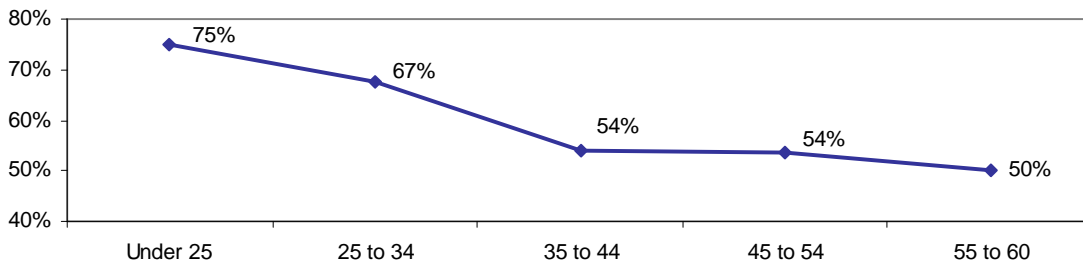
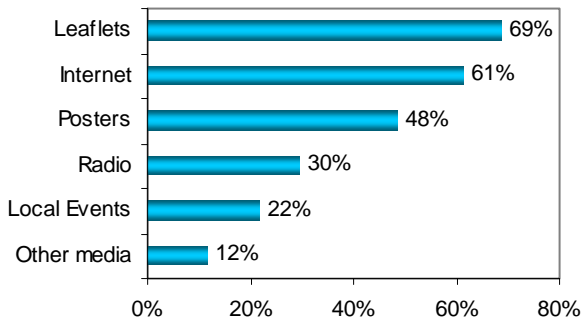


Figure 12b: Knowledge of Sexual Health Services in Dorset by Age.



Promotion of Sexual Health Services

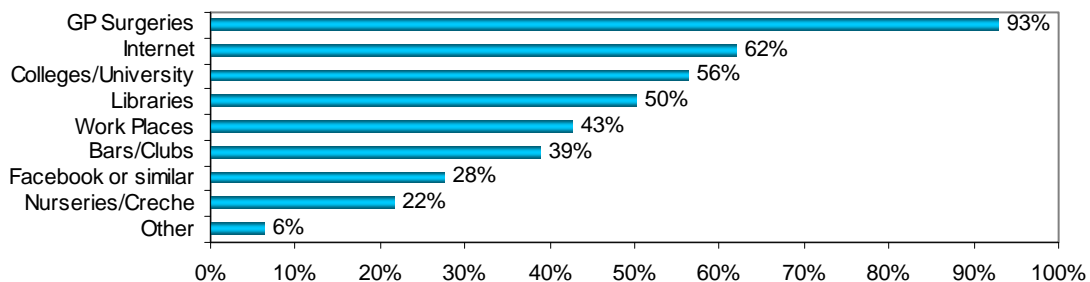
Figure 13: Method of promotion



The majority of respondents would like to see sexual health services promoted via leaflets (69%) and the internet (61%).

93% of respondents felt that information should be available in GP surgeries. The majority of respondents would like to be able to obtain information from the internet (62%), colleges/university (56%) and libraries (50%). Other suggestion included local newspapers and schools.

Figure 14: Location of promotion

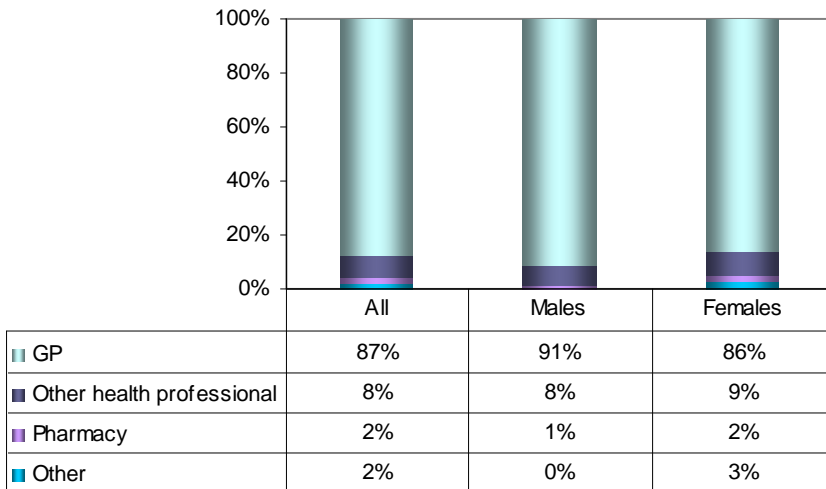


Ideas for the promotion of services

- Adverts on local Meridian TV.
- Age related postings.
- Airports and ports for Brits going and coming back from holiday
- Blackmore Vale magazine.
- Bus shelters.
- Buses inside and out.
- By text, you have my number once I've been to the clinic.
- Chemists.
- Cinemas.
- Citizens advice and Job Centres (mainly due to the cross section and amount of people using these services / centres.
- Closer links with secondary schools.
- Colleges.
- Commission a star model for immediate impact on poster.
- Dating agency websites ages 35-50.
- DCC Dorset For You.
- Direct to parents of teenagers via secondary schools.
- Drop-in centres.
- Drop in centres.
- Easy to find information on website.
- Free newspapers.
- Give GP more knowledge.
- Go to schools - phone number.
- GPs could invite groups of teenagers to 'discussion groups' about health, how to stay healthy: eating, drinking, alcohol levels, sexual activity etc based on birthday dates for example.
- Hairdressers and bus stops.
- Hotels/sex shops/festivals.
- In schools.
- Leaflets and posters
- Leaflets through the doors
- Local chemists.
- Local festivals - stall etc.
- Local Free Newspapers
- Local magazines.
- Local media
- Local pharmacies.
- Make GP's aware.
- Not leaflets through doors as we do not need more 'junk' mail.
- On buses.
- On cigarette packets.
- On packets of contraception.
- Personally I find that the radio is the best promotion for ideas, services and items
- Pop in centres/chemists.
- Public toilets.
- Pubs for young people.
- Push GPs to discuss what service are available - you seem to have to dig for it and they are not prepared to raise the subject.
- Radio.
- School visits.
- Schools - education, posters and leaflets.
- Schools, colleges and social places.
- Schools, contraception and sexual health should be available in schools there are too many unplanned teenage pregnancies and sexually transmitted diseases and yes i do have children! (5 of them)
- Schools, leisure centres and gyms.
- Schools.
- Schools/community venues.
- Schools/youth centres/sports centres.
- Shops and chemists
- Should be promoted as part of sex education at schools.
- Supermarket information board.
- Supermarkets and chemists.
- Supermarkets.
- Television.
- Text - age specific.
- Text messages.
- Text messages.
- The problem with sexually transmitted infections is the stigma attached. I had Chlamydia through no fault of my own and went to GP not knowing what I had. It was extremely embarrassing.
- Through Dorset radio.
- Through school discussions/theatre groups.
- TV adverts sometimes.
- TV adverts.
- Via charities like Body Posture Dorset.
- Within schools.
- Women's clubs.
- Youth organisations.

Primary contact

Figure 16a: First contact



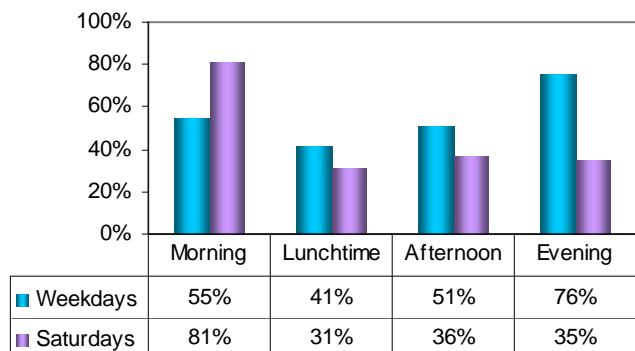
The primary contact for sexual health related issues for the majority of respondents was their GP. This was consistent over gender.

The vast majority of respondents over all age groups named their GP as their primary health contact for sexual health related issues.

Availability of services – Times of day

The majority of respondents indicated that they would like to be able to access sexual health services on weekday evenings (76%), weekday mornings (55%) and weekday afternoons (51%). 81% of respondents indicated that they would like to be able to access services on Saturday mornings.

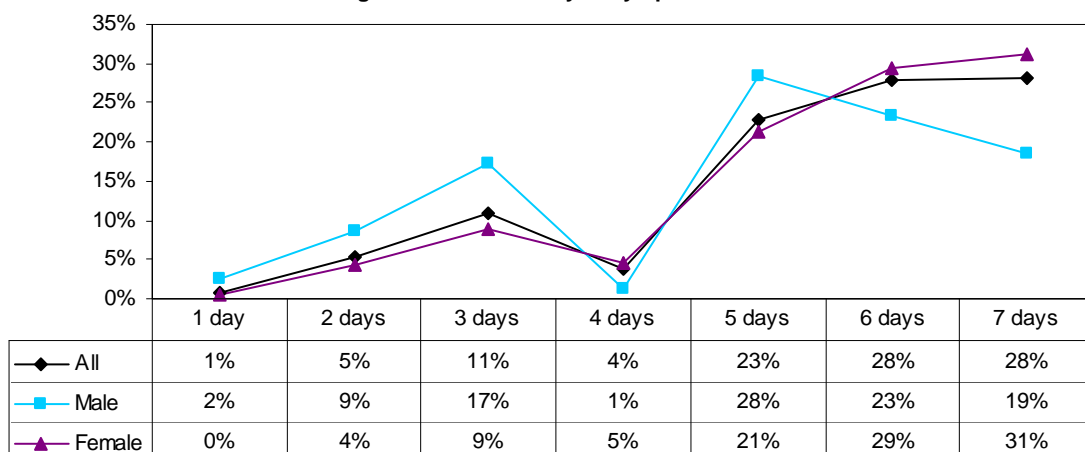
Figure 17: Preferred times of availability



Availability of services – Days per week

Respondents most frequently indicated that they would like sexual health services to be available 6 days (28%) or 7 days (28%) per week. 81% of males would be satisfied with 6 days per week, whereas only 69% of females would be satisfied.

Figure 18a: Availability - days per week



Important aspects of Sexual Health Services

Respondents reported that the most important aspects of sexual health services for them were a welcoming and professional atmosphere and opening hours. The least important aspects were staff that reflects respondents age and sexuality. Respondents did however consider it important that staff reflect the individuals' gender. This was more important for women than men, with men on average considering it as neither important nor unimportant.

Figure 19b: Important aspects - Average Ratings
(1=Very unimportant, 5= Very important)

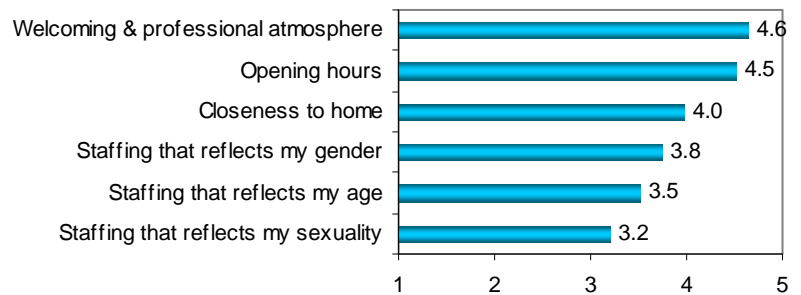
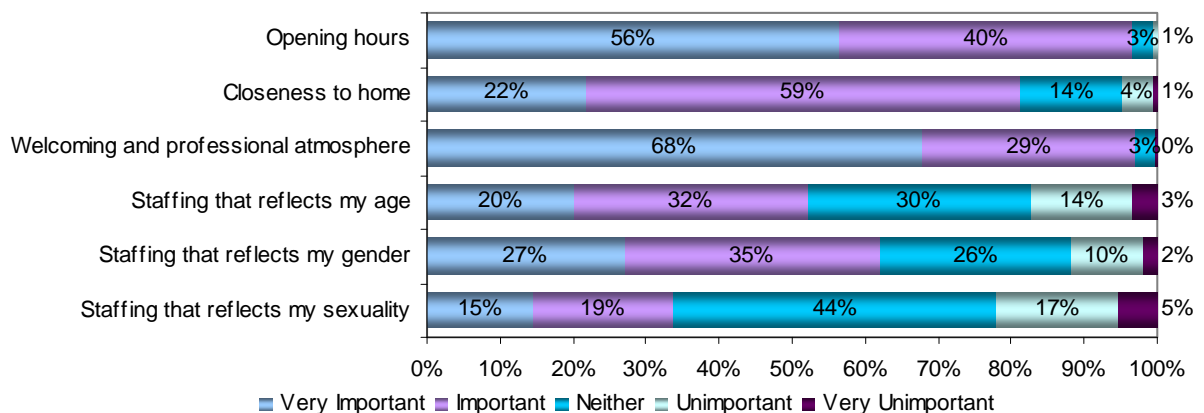


Figure 19a: Most important aspects of services



Important aspects of Sexual Health Services - Other

- Access.
- Anonymity.
- Casual atmosphere.
- Cleanliness.
- Close by an open pharmacy.
- Concise information
- Confidentiality and privacy
- Confidentially.
- Consideration of feelings is important.
- Familiar family GP i.e. local surgery.
- Follow up programmes.
- Good communication - telephone, internet etc.
- Guarantee of confidentiality and privacy.
- Helpful staff.
- How comfortable you feel.
- Non judgemental policy of health professionals is very important.
- Non-judgemental staff.
- Opening hours.
- Preventative advice.
- Privacy.
- Privacy/confidentiality when booking/attending.
- Private consultations
- Private reception.
- Quick follow up appointments if needed.
- Respectful and professional staff.
- Separate male & female clinics.
- Separate male & female reception areas.
- Speed of service and treatment.
- Staff from outside the area.
- Staff that are sympathetic.
- Staff who are kind and professional whatever age/gender/sexuality.
- Staff who are non-judgement and listen.
- Staffing that is sympathetic to my beliefs.
- Such services should be free. Ultimately cost efficient.
- The friendliness of hospital.
- Timely intervention
- Well designed, clean, modern building
- Walk-in service
- .

Respondent Information

Family Planning

75% of respondents reported that they have children. The majority of respondents who do not have children do not intend to have children in the future (52%), 34% do intend to have children and 14% are undecided on the matter.

Figure 20: Do you have children?

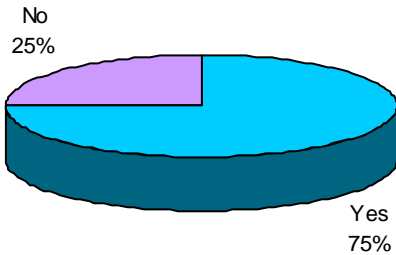
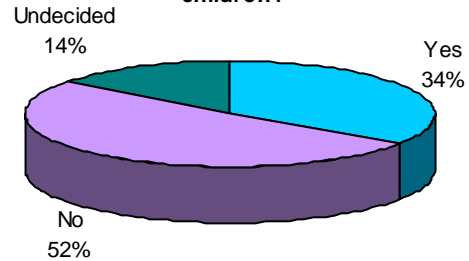


Figure 21: Do you want to have children?



Sexuality

The majority of respondents reported being sexually active (81%), the figure is marginally higher for males than females, with 87% of males reporting to be sexually active in comparison to 80% of females. 93% of respondents described their sexuality as heterosexual.

Figure 22a: Are you sexually active?

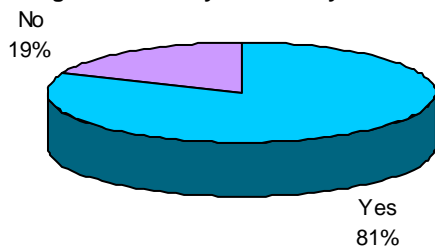


Figure 22b: Are you sexual active? By gender

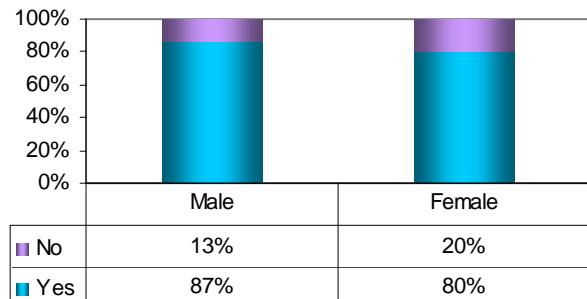
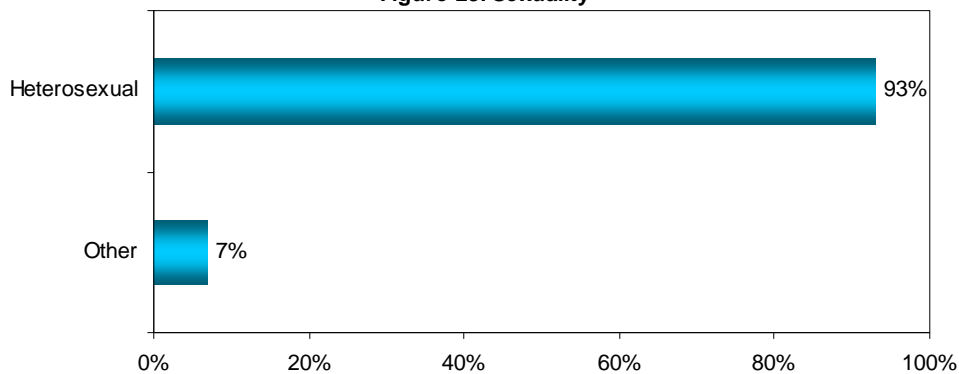


Figure 23: Sexuality



Illness/Disability

14% of respondents reported suffering from an illness or disability which affects their daily activities, most frequently a long standing illness or health condition (60%).

Figure 24: Illness/Disability

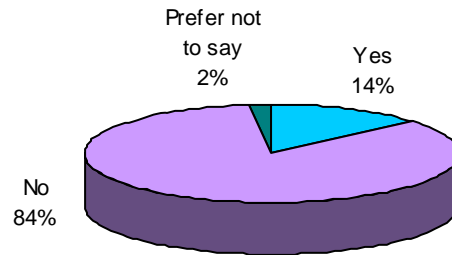
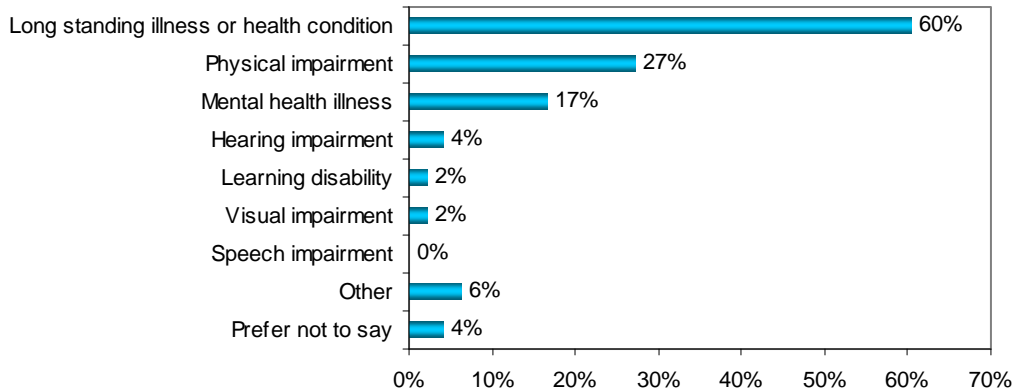


Figure 25: Specific Illness/Disability



Faith/Religion/Belief

63% of respondents reported a Christian based faith, with some 30% reporting no religion. 4% held a different faith, religion or belief.

Figure 26: Faith/Religion/Belief

