



Evaluation of the Get on Top Website
Supporting Sexual Health Promotion in Sefton
Interim Report

A report commissioned by:



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1. Introduction

The Centre for Public Health at Liverpool John Moores University has been commissioned by NHS Sefton to evaluate a web-based communications campaign that aims to improve young people's access to information on protecting their sexual health and avoiding unplanned pregnancy. This report sets out the findings of initial baseline qualitative research into young people's attitudes to sexual health and their knowledge of how they can improve their sexual health. A further study is planned for January 2012, once the website has been launched and associated communication campaigns have been undertaken.

2. Background

Adolescent health and wellbeing is a growing concern in the United Kingdom.¹ In Britain, a quarter of young people report sexual debut before the age of 16.² Those who report such early debut are more at risk of harms such as sexually transmitted infections (STIs).³ Internationally, research has shown a strong association between sexual health harms and alcohol misuse.^{4,5,6} Thus, for example, alcohol use at first sex is associated with lower levels of condom use.⁵ Such harms are particularly prevalent in the North West of England, where levels of deprivation, sexual health harms and alcohol consumption are higher than nationally.^{4,7} Those most at risk of teenage pregnancy include those living in poverty, with low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations.⁸

Targets were set in 1998 to halve teenage pregnancy rates by 2010. The Government's teenage pregnancy strategy from 2010 recognises that the under 18 conception rate fell from 46.6 per 1000 to 40.4 in 2008 and that in some areas this has fallen by 25%.⁷ However in order to further reduce the conception rate, the Strategy takes a number of approaches, one of which is to improve young people's access to effective contraception, in particular Long-Acting Reversible Contraception (LARC) and condoms. A second is in developing young people's skills and knowledge to experience positive relationships and good sexual health.

It is against this background that NHS Sefton is assessing how it can improve the format and accessibility of information available to young people about how to improve their sexual health (particularly with regards to those most at risk such as those living in poverty and those not engaged with education). Thus, they have commissioned a social marketing organisation (The Hub) to implement a web based campaign (through the website Get on Top) to help young people make informed choices. The website (Get on Top) is intended to be a key information portal designed by young people for young people. As well as providing information on the services available to young people and a forum for discussion, the following messages were to be included as part of the information provided by the website:

1. Not everybody is doing it [having sex]. Most people say their first sexual experience wasn't positive and they wish they had waited.
2. Condoms are free (C-card scheme) and there are a range of choices and places where you can get them. Condoms are the only method of contraception that can offer some protection from STIs.
3. There are local sexual health services that can treat STIs, issue contraceptives and listen to concerns. They are non-judgemental, confidential and free.

4. If you are sexually active, you must have a Chlamydia screen – especially if you change your partner, ever have unprotected sex or haven't had a screen for 12 months.
5. For sexually active young women, the most reliable form of contraception is LARC; this gives freedom from worry for 3-5 years. A condom is still needed to protect from STIs.

As part of the campaign, peer to peer messaging¹ was also to be used both on and off line to encourage use of the website. Young people, who were recruited as champions for young people to help design the site, have been offered training on how to do this.

The objectives of the website are:

1. To increase the uptake of Chlamydia screening among higher risk males and females, not currently accessing services. These include young people aged 16-19 who are not in education, training or employment.
2. To enable young people to make informed choices about their sexual health and related behaviour and to be confident about accessing mainstream sexual health services.
3. To increase the knowledge of and uptake of both the Sefton C-card and LARC, especially with groups of at risk young people.

3. The evaluation

Liverpool John Moores University was commissioned by NHS Sefton to evaluate the website. This report presents the findings of initial baseline data that was collected prior to the website launch in July 2011. The baseline data consisted of focus groups with young people, and the results from a quiz designed to assess their sexual health knowledge.

3.1 Evaluation objectives

The evaluation seeks to identify whether the website is effective in providing information relating to the key messages (see above), whether young people find this credible and if they are willing to act on this information.

3.2 Scope of the evaluation

The overall purpose of the website is to contribute to informed choice making, uptake of screening and LARCs. Whilst administrative data could be assessed for change in uptake in LARC prescribing and Chlamydia screening after the launch of the website, it would not be possible to attribute any changes identified to the website. This evaluation will then seek to explore qualitatively, through discussion groups, the mechanism by which the website may lead to increasing young people's knowledge and their ability to use this to influence their behaviour.

¹ Peer to peer messaging involves the young people who have been designing the site to promote it through their own social networks, including the use of social media.

3.3 Evaluation methods

Two focus groups were held with young people who had not been involved in the creation of the website. The focus groups were held in June 2011, before the website launch in July 2011. The initial focus groups were used to explore: young people's understanding of sexual health issues, and current behaviours; and to show them the website and gain their feedback on its content, its relevance, their likelihood of using it and the ease of finding what they needed. A quiz was also used to assess change in sexual health knowledge before and after accessing the website. This report presents the findings from the focus groups and the quiz.

It is anticipated that these groups will be run again ideally with the same people in January 2012, when the website has been live for six months. The second set of focus group will explore whether the young people have since visited the site, if they have told friends about it, what they still know about sexual health issues, whether they have changed any aspect of their behaviour as a result of this and if there have been any other unexpected impacts of the website.

3.3.1 The focus groups

Two focus groups were run on 28th June 2011, one group of nine young women in Bootle and a group of six young men in Southport. Both took place in community venues. Participants were recruited by a market research agency specialising in the recruitment of young people, on the basis of not being in employment, education or training (NEET). Recruitment was done on the street or in places where such young people were likely to be such as hostels. Given the current benefits system which encourages young people to be in education and training in return for the Education Maintenance Allowance, there were few young people who could actually be classified as NEET and the only source containing a full list would be held by the Connexions Service. This was not available within the time scales of the project. However both groups recruited largely comprised young people who were 'between' employment, education or training. This may be because June is a time when young people may be finishing courses or leaving school; however, the male group comprised those living in hostel accommodation and the female group also included some who were living independently from their parents at a young age. This group included looked after children and a recent arrival from abroad. Thus, we were satisfied that the groups contained young people whose situations were likely to put them at greater risk of being NEET. The female focus group lasted one hour and ten minutes and the male group one hour. During the discussion the following topics were covered:

- Young people's lifestyles and interests.
- Risks they take with sexual behaviour.
- How to reduce risks to their sexual health.
- Knowledge of contraception methods, pros and cons, where these can be obtained from.
- Sense of control over what happens to them and their sexual health.
- Knowledge of STIs, what gives protection and where help and advice can be obtained on these.
- Sources of information currently used for information on STIs and contraception.

- Exploration of website, views on layout, content, ease with which users can find things and appropriateness of tone, how this compares with other sources, where it should be linked to on the web so is easy to find.
- What is missing from the website?
- Would they tell others about this site, who and how?

3.3.2 The quiz

The fifteen participants were asked to complete a short quiz of 11 questions prior to seeing the website to assess their knowledge of sexual health, contraception, screening and sources of information and advice (see Appendix 1). Questions were included around internet access and usage. The quiz was re-run after having time to explore the website, and the subsequent analysis investigates any change in knowledge.

4. Baseline findings

The findings presented here are from the two focus groups combined. The results of the baseline quiz have been dispersed throughout this section (where appropriate) to support qualitative findings (see Appendix 1 for all results).

4.1 Background to young people, their lifestyles and internet usage

Most of the young people in the groups were about to embark on vocational courses or apprenticeships later in the year; a number had just left school. The young women discussed their interests as being largely going out around their local area and using Facebook online. Some of the young women had their own place in a hostel, as did all of the young men. One young woman had just got engaged and one of the young men was due to become a father.

Young people were asked about their internet usage. All the young people used the internet at least weekly and nine on a daily basis. Eight young people access the internet via their phones and four used their own home computers. Three of the participants accessed the internet on a shared home computer or in a public place such as a library or college.

4.2 Concerns about sexual health and pregnancy

The young women had greater concerns about pregnancy than the young men.

'You think about that a lot getting pregnant'. (Young woman)

They talked about the need to protect themselves and a number had the 'implant' [LARC]. When the young men were asked about whether getting a girl pregnant was a worry responses included:

'No, I've got a passport.' (Young man)

'I do worry a bit but then it comes off my mind and I ... I fall asleep'. (Young Man)

4.3 Reducing risks

The young women were concerned about protecting themselves, particularly from pregnancy and a number of them had already had the implant. They were also aware of girls much younger than themselves who took risks.

'My boyfriend of four years, I've had the implant since about two months after I met him. I've had a thing in since then. But I know someone who's had a boyfriend and she is only 13. She was 12, she was in a relationship... sexually active and she got pregnant and had a miscarriage because at her age she is drinking and smoking weed. This is how young girls are now...taking drugs and having sex is all one thing to them.' (Young woman)

The young men were less concerned about being careful to prevent pregnancy and/ or catching an infection. There was a dislike of condoms and a preference not to use them, although if asked by a sexual partner they would consider it.

'No, I would ask the girl "would you prefer me to use it or not", but most say, "No". I think they prefer it' (Young man)

Although the young men had a dislike for using condoms they did understand the reasons for using them, as did the young women. Prior to looking at the website, all 15 participants thought that a condom should be used to avoid infection and 12 of them thought that a condom should be used to avoid pregnancy. Numbers were similar after viewing the website (appendix 1, section 3).

4.4 Knowledge of contraception methods, pros and cons

Knowledge of condoms was high among both sexes. A number of young women were already using the implant. The biggest difficulty here appeared to be with terminology. LARC was not recognised and people did not understand the acronym. Prior to seeing the website only one respondent seemed to know what it stood for, this rose to seven after seeing the site. The term 'rod' or 'implant' was better known. Although there was also some misunderstanding of what it is, particularly by young men.

'I know what LARC is. It's a tablet for girls' (Young man)

'It's a rod that goes in your arm' (Young man)

The website did seem to improve the knowledge of young men, even if it did not change their attitude.

'I have found out what LARC was that's all, I remembered that it was an implant – the rod thing- You get it in your left arm don't you...' (Young man)

There was a concern among the girls about the lack of information they are given on how it works on their body.

'I asked if I could have the pill as I'd had the implant for a few years ...and give my body a rest because I don't have a period at all and to me that's not right ...all building up inside me and it's not going anywhere. But then it was

explained to me that when 'you're on the rod', it doesn't let any eggs come out and that's why you don't have a period.' (First young woman)

'I didn't even know that.' (Second young woman in response)

The young women were able to discuss the pros and cons of different contraceptive methods when asked to advise a friend.

'The pros of having the implant. It would help because your period stops.' (Young woman)

'They should get the implant because on the pill ... you might forget to take it and you might sleep with someone and get caught out;' (Young woman)

'If you take any antibiotics while you are on the pill it will cancel it out because my mum got pregnant 5 times on the pill.' (Young woman)

'You could use a condom and it could split on you, that's why I use condoms and have an implant.' (Young woman)

4.5 Sense of control over what happens to them and their sexual health

Amongst the young women, there was concern for younger girls that they may be easily led and not make the right decisions. There was also a concern that there was a need for greater self-confidence in resisting peer pressure when it came to STI testing. For example, when discussing STI testing in colleges, there was a sense that people often said no because they did not want to be embarrassed in front of their friends, but if one person put themselves forward others would.

'It's having the confidence not to be intimidated. I feel under pressure... it's the main conversation in schools and colleges. If one person does it, you can see the rest. They think they are going to get laughed at for it.' (Young woman)

There was a sense that sexual health was connected to confidence in managing relationships with partners, although this was not said explicitly.

'Young girls now are gullible, lads only have to say 'I love you', and they believe them and jump into bed with them. They are not educated enough to realise that... like I know that I can say to my boyfriend that I won't do it again unless you wear a condom and he wouldn't argue with that. That's the way it is.' (Young woman)

4.6 Knowledge of sexually transmitted infections, protection methods and locating help

There were differences in opinion on the role of schools in providing appropriate information. The young women did not value the advice they had been given in school.

'In school if girls got separated from the boys ... I think there should be a time just for the girls in detail to talk about contraception' (Young woman)

'All the lads mess round in class' (Young woman)

Both sexes thought that more should be done in colleges. The young men thought they had a good knowledge of STIs. All participants knew that Chlamydia could be caught through vaginal sex before seeing the website, only four thought it could be caught through oral or anal sex (rising to five after seeing the website).

When asked about using the internet as a source of advice, the young women were mistrustful of online information. They preferred to rely on friends and family for advice.

'I would not want to trust it in case it was false information'. (Young woman)

'Well you don't (know what you can trust) and I would rather not use it. I would rather ask someone'. (Young woman)

However if a health professional recommended a website then it would be more credible.

'If the doctor knows the website, they must have used it beforehand; they are not going to give you a false website are they?' (Young woman)

The young men would not tend to look for websites related to sexual health, but thought their girlfriends might. There was a sense that they would need to see it promoted somewhere with the NHS logo to increase credibility.

'If it showed it was NHS, you are not going to get ripped off by the NHS are you really?' (Young man)

Unlike the young women, the young men were less likely to talk to their friends about sexual health issues. Although some young men talked about friends who had contracted STIs and had sought help at a clinic.

Most of the participants (11/15) knew that condoms were available from pharmacies and 13 knew they could be obtained from GP's and ISIS (Improving sexual health in Sefton) clinics before seeing the website. Twelve knew they were free from ISIS clinics. There was a high level of knowledge of where screening for Chlamydia took place even before seeing the website (11/15 knew this was available at ISIS clinics and 8/15 from their GP). Results after viewing the website were similar (appendix 1, section 8).

There did appear to be an understanding that the contraceptive pill would not protect against STIs and that a condom was needed to do this (14/15 respondents thought this before seeing the website).

4.7 Views on the website

4.7.1 Layout and design

Participants thought it was easy to find information on the website, but generally thought there was too much text and too much scrolling required to do so. They thought the text needed to be broken up, and both sexes recommended pictures and colour. One young woman suggested that the colours could be used to enhance readability for those with dyslexia.

'You can find it easy, what you are looking for, but I think if you have got more pictures and stuff like thatPeople won't pay as much attention to reading and stuff. People look for key words.' (Young woman)

'Simpler more pictures, less writing. People get bored of reading it. They don't need it all.' (Young woman)

'If you have a big heading, a little paragraph and a picture underneath, they are going to look at it and read it through and it will stick in their head because it's short and it will be there.' (Young woman)

It was also suggested the NHS logo needed to be on the site, to improve credibility and trust in the content.

4.7.2 Content

Improvements suggested by the young men included games and links from the pictures.

'Possibly if it had games I would probably look at it' (Young man)

'I think it needs loads of improvements. It needs links and that.' (Young man)

4.7.3 Views on the name

Participants liked the name 'Get on Top'.

'It's a good little pun' (Young woman)

'It's quite decent like... 69 on top' (Young man)

Although some of the young women were concerned about how the name may be perceived if sent round in an email link. This could work to promote the site, but would be more likely to be looked at if sent by a friend.

'Good the name, 'Get on Top', they may take it as wrong' (Young woman)

'Well lads would probably think it was porn, I'd ignore it' (Young woman)

4.7.4 Comparisons with other websites

Participants were not able to say how it compared with other websites as they do not tend to use websites for information on this topic.

4.7.5 The forum

Respondents liked the idea that the site was by young people for young people particularly the forum, but questions were raised that posting comments needed to be anonymous.

'There is a forum on there. Would you use it?' (Interviewer)

'Yes, because girls would most probably talk to someone their own age' (First young woman)

'You have to have a user name to leave a message?' (Second young woman)

They sought clarification as to anonymity. The young men also suggested that there needed to be someone to contact by email for more information.

4.7.6 Videos and shock factor

The young women's group found the video of the school girl having a baby an 'eye opener' and were not concerned how shocking this was. There was a consensus that you need to shock people, particularly when it came to STIs.

'The only way you are going to change someone, make people realise is by shocking them. I know it sounds dead horrible, but if they are scared to get that disease and if they're really scared to catch something off a lad then they won't do it again.' (Young woman)

For some of the young men, the video of the girl having the baby in the school playground sparked a possible change of mind about behaviour.

'Would anything other than your partner talking to you change your mind?'
(Interviewer)

'Yes, probably the girl having the fake kid in the school. I think that put things in your mind – the poor girl that's pregnant and based in school... would probably change your mind.' (Young man)

Whilst others were less supportive of this:

'I don't reckon that should be on there... a girl going mental shouting at a baby, thinking that she is crazy.' (Young man)

4.7.7 Promoting the site

Both sexes believed that Facebook should be used for promoting the site and even volunteered to put it on their 'wall'. Being sent a weblink by a friend was important in encouraging people to look at it.

'Would you look at it if it had been sent to you by a friend?' (Interviewer)

'Yes, because I am nosey.' (Young woman)

The young men suggested Facebook when prompted by the interviewer as a means of sharing information about the site. Other suggestions from the young men for site promotion included getting in touch with people through events such as on Fireworks Night, and promotion through colleges, or even direct phone calls to people.

'They can put it round personally. I would put it on Facebook. Everyone is on Facebook these days – so you can send it to me on Facebook or something...'
(Young man)

4.7.8 Influence of website on behaviour

The young men did not seem to think that having looked at the site their behaviour would change in relation to wearing condoms. Their key influences here were their partners.

'It would have to come from my partner as well' (Young man)

However the young men perceived that there was a lot of variation in the preferences of young women to use condoms.

'Some girls are like proper cautious about it and you get some of them who say they don't care and just jump on you...' (Young man)

Some of the young women appear to know that they have influence over the behaviour of young men:

'You say to them, I'm not having sex with you unless you wear a condom and they say no, then you don't have sex with them. No ifs or buts about it. You just don't.' (Young woman)

However this may not be the case for all and there were concerns about other young women who have multiple partners and do not use condoms.

5. Limitations to the research

The findings from this research are not representative of all young people or of all of those who are at risk of becoming young parents or contracting STIs, as for example, all of the participant discussions were in terms of heterosexual relationships. It gives only a flavour of the range of views and behaviours of the participants. The groups had only a short time to consider the website and may not have gleaned all information that would help them to answer the questions presented in the quiz. Thus, at this stage, we cannot conclude that just because the numbers achieving a correct answer stayed stable when comparing results from before seeing the campaign with after (see appendix 1), that the website did not support their knowledge acquisition. Further, the quiz was presented to the participants immediately after using the website. The focus groups will need to be re-run to assess knowledge acquisition and stability in the long-term.

6. Conclusions

This small scale study has given some insight into the lives and views of young people who are at risk of falling pregnant or contracting STIs and provides feedback on the website. Further discussion with these young people when the website has been live for six months may indicate whether behaviour has changed, although if behaviour has changed, it may be as much due to taking part in discussions already as much as the website itself. This will be a limitation of the research.

The campaign objectives are to raise awareness of: sexual health services and the need to use condoms to protect against STIs; LARC as the most reliable form of contraception; and, that it is worth waiting for the first sexual experience. In relation to these objectives the young people involved in the research themselves appeared to be knowledgeable about contraceptives, and how to protect themselves from STIs. There did seem to be a perception that other young women were more naive, particularly younger girls, and that the website needs to be made available to them, perhaps through school. The young men were less concerned, it was less of an issue for them and there was a preference for not wearing condoms. However young women appear to have some ability to influence this behaviour.

Advice to young women on how they can encourage young men's safer sex behaviour to keep themselves (and their partners) safe would be worth considering in the website content.

In terms of measuring the impact of the website, it is not surprising that there was not much change in knowledge of protection from pregnancy and STIs, given the baseline knowledge amongst this group was already quite high.

The objectives of the website are to increase the uptake of Chlamydia screening, enable young people to make informed choices and increase the take up of LARC and the Sefton C-Card. All of these can be explored further in the next set of focus groups to try to understand if the website may have contributed to this. However in terms of measuring impact, data on Chlamydia screening rates, LARC prescribing and the C- card need to be made available. Service providers also could ask at the point of uptake how people heard of these services and whether they have viewed the website.

7. Recommendations

A number of recommendations arise from this research, some of which relate to the website and others more generally around broader strategies for promoting sexual health. These are presented below.

6.1 Changes to the website

- Inclusion of the NHS logo will give the site greater legitimacy with a group who would not tend to use the internet for information on this area.
- Changes to the colours and layout to improve readability.
- Reduce the amount of text and make greater use of headings and links to reduce scrolling. One option could be to improve the interactive nature of the site for example users could be asked to input a postcode to identify the nearest clinics or pharmacies.
- Users of the forum need to be assured of anonymity.
- Consideration needs to be given to those users who may only access the internet in public places.
- A mobile version of the website that can be accessed by mobile phones could be considered, given so many young people use their phones to go online.
- Consideration could be given to including something about relationships and in particular encouraging young women to increase the use of condoms with their partners.

6.2 More widely

- Consideration needs to be given to the use of the term 'LARC'; it is not widely used or understood by young people, whilst the term 'implant' or 'rod' is.
- The information that is provided to young people about how the implant works and what it does physically could be improved, to reduce worries, for example on what

happens when menstruation stops. This needs to be done not just through the website, but by the health professionals providing the service.

- The website alone is not likely to change behaviour particularly among young men. The website should be used as part of a wider behaviour change strategy. Young women are key influencers over young men and improving their confidence in demanding that they are protected from STIs by male partners would be beneficial. The use of schools and colleges in this would be important. Pharmacies appear to be overlooked as a source of testing for Chlamydia and their profile in promoting sexual health and contraception could be raised with young people.
- The website should have a communication strategy to increase awareness. This could include e-campaigns through social media, but also conventional media that target this age group.
- Mechanisms should be set up to capture quantitative data on the number of people taking up LARC, the C-card and screening, where people have found out about these services and also their knowledge of the website. This could be through administrative systems, such as prescribing and appointment data. These data can then be used to compare with take-up prior to the website launch.

8. Appendix

Appendix 1 Quiz analysis

Fifteen participants (9 female; 6 male) were asked to complete a short quiz of 11 questions prior to seeing the website, to assess their current knowledge of sexual health, contraception, screening and sources of information and advice. Questions were included on internet access and usage. The results of this are presented here with the number of respondents given in brackets. Percentages are not provided because of the small numbers involved. The terms before and after refer to before seeing the website and after seeing the website.

1. Frequency of internet usage

Nine participants use the internet on a daily basis; six used it weekly.

Key finding: Internet use was high amongst participants

2. Location of internet usage

Around half (8 before - 7 after) use the internet on their phones; four have access on their own home computer. Three participants accessed the internet on a shared home computer or in a public place (such as in a library or college).

Key finding: Although the majority of participants have private access to the internet, particularly through phones, consideration needs to be given to those young people who only have access in public places and who may not feel comfortable looking at sensitive subject matter in these places.

3. Reasons for using a condom

| Reason | Before | After |
|---------------------------------------|--------|-------|
| To avoid pregnancy | 12 | 13 |
| To avoid infection | 15 | 14 |
| Because they are easy to get hold of* | 2 | 1 |
| Because they are free | 5 | 3 |
| Because they are fun | 0 | 0 |
| I don't know | 0 | 0 |

*These low numbers do not mean they are difficult to get hold of - the question did not ask this specifically.

Key finding: There was a high level of awareness amongst participants of condoms being useful in protecting against pregnancy and infections.

4. Understanding what 'LARC' is

| Knowledge | Before | After |
|---|--------|-------|
| No response | 6 | 0 |
| Able to provide the full title (Long Acting Reversible Contraceptive) | 1 | 7 |
| Reported it as being an 'implant' or 'rod' | 2 | 0 |
| A way not to get pregnant | 1 | 1 |
| I don't know | 3 | 5 |

Key finding: The term LARC is not well understood, but knowledge rose after visiting the website. The website may be one way of addressing this lack of knowledge.

5. Why use LARC?

| Reason | Before | After |
|----------------------|--------|-------|
| To avoid pregnancy | 5 | 10 |
| To avoid infection | 2 | 0 |
| For peace of mind | 1 | 3* |
| Because LARC is free | 0 | 0 |
| I don't know | 2 | 1 |

*Including two males.

Key finding: The website is useful in giving information on LARC. Participants picked up and understood the information in relation to LARC.

6. How is Chlamydia transmitted?

| Transmission method | Before | After |
|---------------------|--------|-------|
| Kissing | 3 | 3 |
| Oral sex | 4 | 5 |
| Vaginal sex | 15 | 15 |
| Anal sex | 4 | 5 |
| I don't know | 0 | 0 |

Key finding: The majority of participants understood how Chlamydia was caught but there was some confusion even after seeing the website.

7. Why would 'Chloe' use of a condom whilst taking the contraceptive pill?

| Reason | Before | After |
|--|--------|-------|
| A condom is unnecessary in this situation | 0 | 1 |
| To protect from pregnancy | 2 | 4 |
| To protect from an infection such as Chlamydia | 14 | 11 |
| I don't know | 0 | 0 |

Key finding: There was an understanding that condoms are needed to protect against STIs and that the pill will not provide this protection.

8. Where condoms can be obtained

| Place | Where they can be obtained | | Where they are freely available | |
|-----------------|----------------------------|-------|---------------------------------|-------|
| | Before | After | Before | After |
| Pharmacy | 11 | 11 | 1 | 2 |
| GP | 13 | 11 | 8 | 8 |
| ISIS clinics | 13 | 13 | 12 | 12 |
| Supermarket | 10 | 10 | 0 | 1 |
| Pub / nightclub | 9 | 8 | 0 | 1 |
| Online | 6 | 4 | 0 | 2 |
| Don't know | 0 | 0 | 0 | 0 |

Key finding: Participants are aware of where they can obtain condoms for free, and most are aware that they are free at ISIS clinics.

9. Where Chlamydia screening is available

| Place | Before | After |
|--------------------|--------|-------|
| Pharmacy | 1 | 2 |
| GP | 8 | 8 |
| ISIS clinics | 11 | 11 |
| Supermarket | 0 | 0 |
| Online testing kit | 1 | 4 |
| Don't know | 0 | 0 |

Key finding: The majority are aware of ISIS clinics, but there is less awareness that GPs offer this and minimal awareness that pharmacies offer this service even after seeing the website. The profile of pharmacies could be raised.

10. Where advice could be obtained on Chlamydia and contraception

| Place | Before | After |
|------------------------|--------|-------|
| ISIS | 5 | 5 |
| PACE | 2 | 3 |
| GP | 6 | 6 |
| May Logan Centre | 2 | 1 |
| NHS | 2 | 2 |
| Family Planning Clinic | 3 | 2 |
| Brook | 0 | 1 |
| Online | 1 | 2 |
| Don't know | 0 | 0 |

Key finding: GPs and ISIS clinics appear to be the places that participants would think of when needing contraceptive or STI advice both before and after viewing the website.

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