

Results

Demographics

Table 1 Demographic characteristics of survey participants

Variable	Overall Respondents (N=87)
Gender	
Male	25 (29.4%)
Female	60 (70.6%)
Missing	2
Ethnicity	
White	74 (89.2%)
Ethnic minority	9 (10.8%)
Missing	4
Sexual Orientation	
Straight	69 (81.2%)
LGBTQ+	16 (18.8%)
Missing	2
Disabled	
No	67 (80.7%)
Yes	16 (19.3%)
Missing	4
Age (years)	
18 – 24	6 (7.1%)
25 - 54	55 (65.5%)
55+	23(27.4%)
Missing	3

Percentages used were the valid percentages after excluding the missing values from the participants. Prefer not to say and blank responses were treated as missing values.

A total of 87 respondents were included in the data analysis, and their sociodemographic characteristics are presented in Table 1.

Most of the respondents were females (70.6%), of White-British ethnicity (89.2%), and aged 25 – 54 years old (65.5%). Only 81.2% consider themselves straight while the other 18.8% were LGBTQ+.

Objective 1

To better understand the communication between SHS and the public, two outcomes were descriptively analysed:

the source of information the public would use to get informed about sexual health services (Figure 1), and the SHS respondents were aware existed (Figure 2)

Preferred Source to access information on SHS

Figure 1 shows that to access information about SHS, 87.4% of respondents use the internet. Respondents' preferred sources are the internet, the GP/nurse and sexual health services respectively, regardless of their demographic characteristics. Less than 10% would ask family members, partners, or friends about SHS.

This might be due to the stigma and shame around sexual health, and the feelings of discomfort of sharing such private information with a family member.

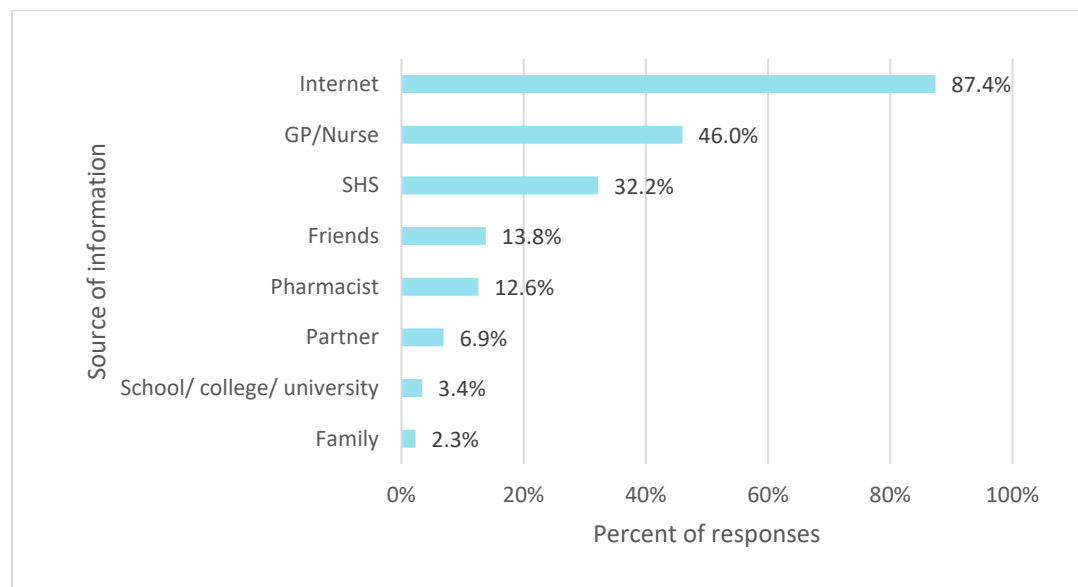


Figure 1 Preferred source of information about Sexual Health services

Percentages were then broken down by different demographic groups (gender, ethnicity, sexual orientation), which are presented in Table 2.

Table 2 Preferred source of information about Sexual Health services broken down by demographic characteristics

Variable	Internet	GP/Nurse	SHS	Friends	Pharmacist	Partner	Family
Gender							
Male	21 (84%)	11 (44%)	12 (48%) *	2 (8%)	2 (8%)	0	0
Female	53 (88.3%)	28 (46.7%)	15 (25%) *	9 (15%)	8 (13.3%)	6 (10%)	2 (3.3%)
Ethnicity							
White	67 (90.5%)	33 (44.6%)	23 (31.1%)	9 (12.2%)	8 (10.8%)	6 (8.1%)	2 (2.7%)
Ethnic minority	7 (77.8%)	5 (55.6%)	3 (33.3%)	2 (22.2%)	2 (22.2%)	0 (0%)	0 (0%)
Sexual Orientation							
Straight	60 (87%)	32 (46.4%)	20 (29%)	7 (10.1%)	8 (11.6%)	3 (4.3%)	1 (1.4%)
LGBTQ+	14 (87.5%)	7 (43.8%)	7 (43.8%)	4 (25%)	2 (12.5%)	3 (18.8%)	1 (6.3%)

*Significant difference between demographic groups (p -value<0.05 after running Chi-squared/Fisher's exact test)

Gender

When broken down by gender, men and women would generally similarly use internet and GP/nurse as a source of information, but men would use SHS as sources of information more than women would, with a statistically significant ($p < 0.05$) difference of 23%. In contrast, although a small proportion (6%) of women would ask their partners about SHS, they are still more likely to do so than men, where none of the male respondents would.

Ethnicity

Although statistically insignificant ($p = 0.251$), ethnic minorities are less likely to use the internet to receive information about SHS compared to white people, where 12.8% (95% CI -0.054 – 0.456) more white people would use the internet.

In contrast, when it comes to accessing information from professional or social settings, ethnic minorities would be approximately 11% more likely to ask professionals (GP/Nurse with 95% CI -0.38 – 0.20, or pharmacists with 95% CI -0.44 – 0.07), and friends about SHS compared to white people, but none of the respondents would ask family or partners.

Sexual Orientation

In general, the percent of LGBTQ+ people who would access information about sexual health services is higher in all sources of information.

When it comes to accessing information from their social surroundings, LGBTQ+ people are more likely to ask their friends, where 14.9% (95% CI -0.39 – 0.03) more LGBTQ+ people

would ask their friends. They are also 14.4% (95% -0.38 – 0.00) more likely to ask their partners compared to straight/heterosexual people.

This might be due to LGBTQ+ preferring to ask other LGBTQ+ people who can relate to them and to reduce stigma.

When it comes to accessing information from more professional surroundings, LGBTQ+ people are 14.8% (95% CI -0.39 – 0.09) more likely to seek information from SHS compared to straight/heterosexual respondents, but they are slightly (2.6%, 95% CI -0.23 – 0.26) less likely to ask GP/Nurses.

Results for sexual orientation were all statistically insignificant since the 95% CI includes 0 and $p > 0.05$.

This suggests that sexual health LGBTQ+ people feel comfortable with sexual health services, which might mean that they feel supported and have reduced feelings of shame and stigma.

Degree of Awareness around which SHS exist

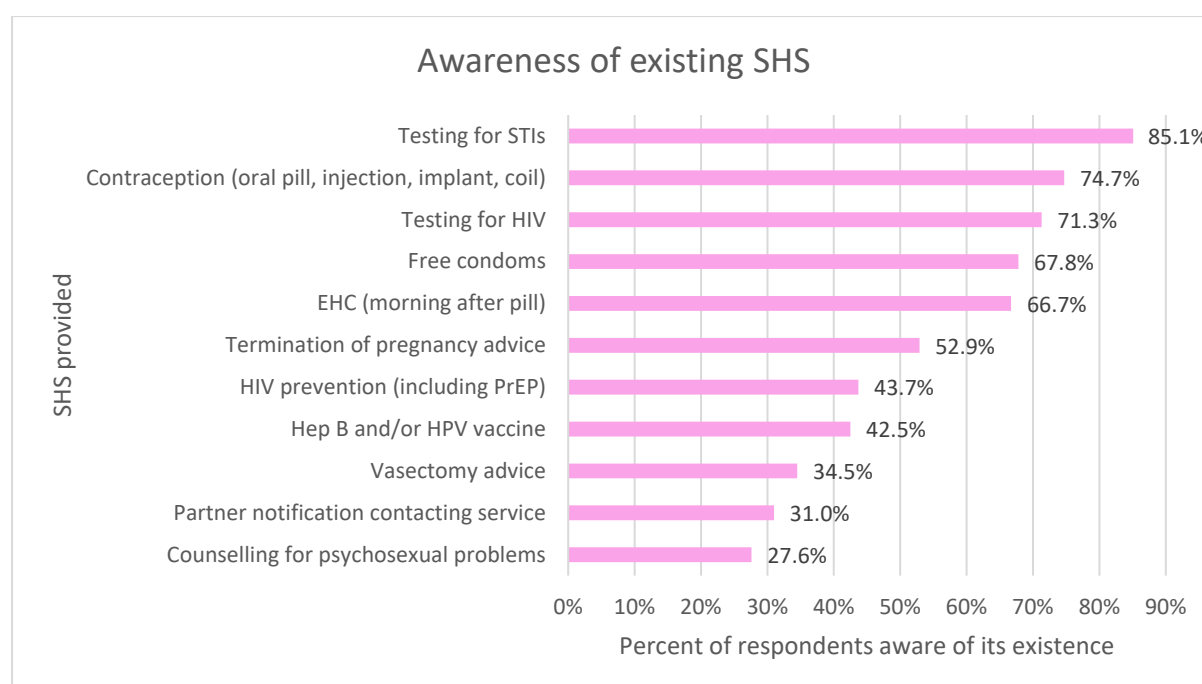


Figure 2 Percent of respondents aware of available SHS in Southampton

Figure 2 shows that generally, more than half of respondents were aware that services related to testing and contraception existed. Specifically, 85.1% of respondents were aware of STI testing, and 74.7% were aware of contraception, which includes the oral pill, injections, and IUDs. Although, 71.3% were aware of HIV testing, only 43.7% have heard of HIV Prevention services like Pre-exposure prophylaxis (Talk about the importance of prevention compared to treatment).

In addition to PreP, less than half of respondents were aware that Hep B/HPV vaccines, vasectomy advice, partner notification contact and counselling for psychosexual services existed.

Percentages were then broken down by different demographic groups (gender, ethnicity, sexual orientation), which are presented in Table 3.

Table 3 Percent of respondents aware of available SHS in Southampton broken down by demographic groups

Variable	Counselling for psychosexual problems	Partner notification contacting service	Free condoms	Contraception	Hep B/HPV vaccine	Vasectomy advice	EHC (morning after pill)	Termination of pregnancy advice	Testing for STIs	Testing for HIV	HIV prevention (including PrEP)
Gender											
Male	7 (28%)	8 (32%)	16 (64%)	11 (44%) *	13 (52%)	7 (28%)	11 (44%) *	10 (40%)	21 (84%)	19 (76%)	15 (60%) *
Female	16 (26.7%)	18 (30%)	42 (70%)	52 (86.7%) *	23 (38.3%)	22 (36.7%)	45 (75%) *	35 (58.3%)	51 (85%)	41 (68.3%)	22 (36.7%) *
Ethnicity											
White	19 (25.7%)	22 (29.7%)	50 (67.6%)	55 (74.3%)	32 (43.2%)	25 (33.8%)	49 (66.2%)	39 (52.7%)	64 (86.5%)	54 (73%)	31 (41.9%)
Ethnic minority	3 (33.3%)	3 (33.3%)	6 (66.7%)	7 (77.8%)	3 (33.3%)	3 (33.3%)	6 (66.7%)	5 (55.6%)	7 (77.8%)	5 (55.6%)	5 (55.6%)
Sexual Orientation											
Straight	18 (26.1%)	19 (27.5%)	46 (66.7%)	54 (78.3%)	24 (34.8%) *	23 (33.3%)	47 (68.1%)	37 (53.6%)	58 (84.1%)	48 (69.6%)	24 (34.8%) *
LGBTQ+	5 (31.3%)	7 (43.8%)	12 (75%)	9 (56.3%)	12 (75%) *	6 (37.5%)	9 (56.3%)	8 (50%)	14 (87.5%)	12 (75%)	13 (81.3%) *

*Significant difference between demographic groups (p -value<0.05 after running Chi-squared/Fisher's exact test)

Gender

Although typically used by men, 8.7% (95% CI -0.27 – 0.14) more women were aware of the vasectomy advice service. Similarly, 6% (95% CI -0.28 – 0.14) more women knew about free condoms compared to men. Both results are statistically insignificant. In contrast, there was a significant difference between men and women's awareness HIV prevention (PreP), where 23.3% (95% CI 0.00 – 0.43, p <0.05) more men were aware about it than women.

Ethnicity

Knowledge of testing services was lower in ethnic minority groups compared to white people, especially for HIV testing where 17.4% (95% CI) more white people were aware of it.

Sexual Orientation

By breaking down the results by sexual orientation, results show that LGBTQ+ respondents are more aware of services in general. There was a significant difference between LGBTQ+ and heterosexual respondents' awareness on HIV prevention (46.5%, 95% CI -0.62 - -0.20) services and HepB/HPV vaccination services (40.2%, 95% CI -0.58 - -0.13). Though not significant, LGBTQ+ are also more aware of testing services (STI and HIV), and of partner notification contacting services.

Objective 2

To identify service users' barriers and facilitators of accessing SHS in Southampton, two outcomes were descriptively analysed:

Factors that are important to service users when attending a SHS (Figure 3), and barriers to SHS service users experienced (Figure 4).

Important factors

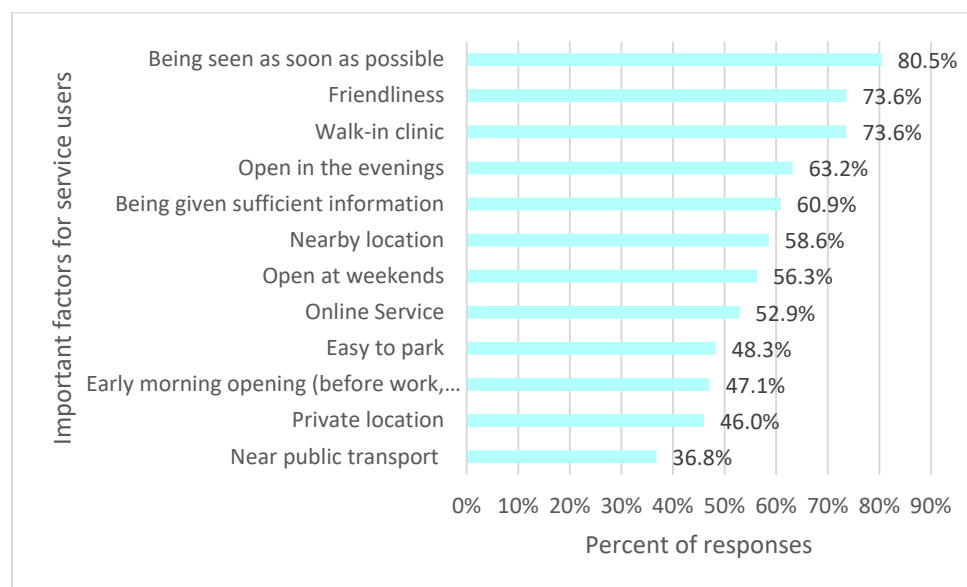


Figure 3 Factors that are important to service users when attending a sexual health service

Figure 3 shows that 80.5% of survey respondents value being seen as soon as possible as the most important factor in a SHS.

Respondents agree the most important factors for a service to be easily accessible are accepting Walk-ins (73.6%), being open in the evenings (63.2%) and at weekends (56.3%), and being located nearby (58.6%). People generally would prefer accessing the service in person compared to accessing it online since only 52.9% of respondents viewed online services as an important factor. The least important factors were related to transport, like ease of parking (48.3%) and distance from public transport (36.8%).

The most important factors in terms of staff attitudes, where more than half of the respondents agreed, are being friendly (73.6%), and sharing sufficient information to the patient (60.9%) respectively. In contrast, less than half of respondents cared about privacy (46%).

Respondents' opinions were broken down by different demographic groups, which are presented in Table 4.

Table 4 Factors that are important to service users when attending a sexual health service broken down by demographic characteristics

Variable	Being seen a soon as possible	Friendliness	Walk-in clinic	Open in the evenings	Being given sufficient information	Nearby location	Open at weekends	Online Service	Easy to park	Early morning opening	Private location	Near Public transport
Gender												
Male	18 (72%)	15 (60%)	19 (76%)	16 (64%)	14 (56%)	14 (56%)	15 (60%)	11 (44%)	7 (28%) *	9 (36.0%)	9 (36%)	6 (24%)
Female	50 (83.3%)	48 (80%)	44 (73.3%)	38 (63.3%)	38 (63.3%)	35 (58.3%)	34 (56.7%)	34 (56.7%)	33 (55%) *	31 (51.7%)	30 (50%)	26 (43.3%)
Ethnicity												
White	61 (82.4%)	54 (73%)	55 (74.3%)	48 (64.9%)	45 (60.8%)	40 (54.1%)	43 (58.1%)	44 (59.5%) *	36 (48.6%)	35 (47.3%)	33 (44.6%)	27 (36.4%)
Ethnic minority	5 (55.6%)	7 (77.8%)	7 (77.8%)	5 (55.6%)	5 (55.6%)	7 (77.8%)	5 (55.6%)	1 (11.1%) *	3 (33.3%)	4 (44.4%)	5 (55.6%)	4 (44.4%)
Sexual Orientation												
Straight	57 (82.6%)	52 (75.4%)	52 (75.4%)	42 (60.9%)	43 (62.3%)	38 (55.1%)	37 (53.6%)	34 (49.3%)	36 (52.2%) *	34 (49.3%)	33 (47.8%)	25 (36.2%)
LGBTQ+	11 (68.8%)	11 (68.8%)	11 (68.8%)	12 (75%)	9 (56.3%)	11 (68.8%)	12 (75%)	11 (68.8%)	4 (25%) *	6 (37.5%)	6 (37.5%)	7 (43.8%)

*Significant difference between demographic groups (p-value<0.05 after running Chi-squared/Fisher's exact test)

Gender

There were a few differences in factors people look for in a SHS according to their gender. Although insignificant, 20% (95% CI -0.41 – 0.00) more women saw friendliness, and 14% (95% CI -0.34 – 0.09) more women saw privacy as important factors compared to men. 12.7% (95% CI -0.34 – 0.10) more women also perceive offering online services as an important factor compared to men.

Link back to lit review where some women feel embarrassed or feel uncomfortable in the presence of a male GP ...

Ethnicity

There was a statistically significant difference in online services as a facilitator, where 48.4% (95% CI) more white people consider online services important. Instead, 77.8% of ethnic minorities would rather attend walk-in services. (Link back to question 2 and less ethnic minorities using the internet). **In discussion, talk about digital poverty and link back to findings in the lit review.**

Sexual Orientation

75.4% of straight people would prefer attending walk-in clinics, which is more than the percent of straight people who would use online services (49.3%), whereas 68.8% of LGBTQ+ people would attend both, walk-in and online services. So, 19.5% (95% CI ...) more LGBTQ+ would use online services. Although both groups would prefer attending services in the evening, 15.1% (95% CI) more LGBTQ+ people would compared to straight people.

More straight people generally considered privacy (10.3%, 95% CI) and friendliness (6.6%, 95% CI) important compared to LGBTQ+ people.

The mentioned findings are statistically insignificant.

From that point on, all results could not be broken down by demographic groups due to a smaller sample size which would reduce reliability of the result

Barriers

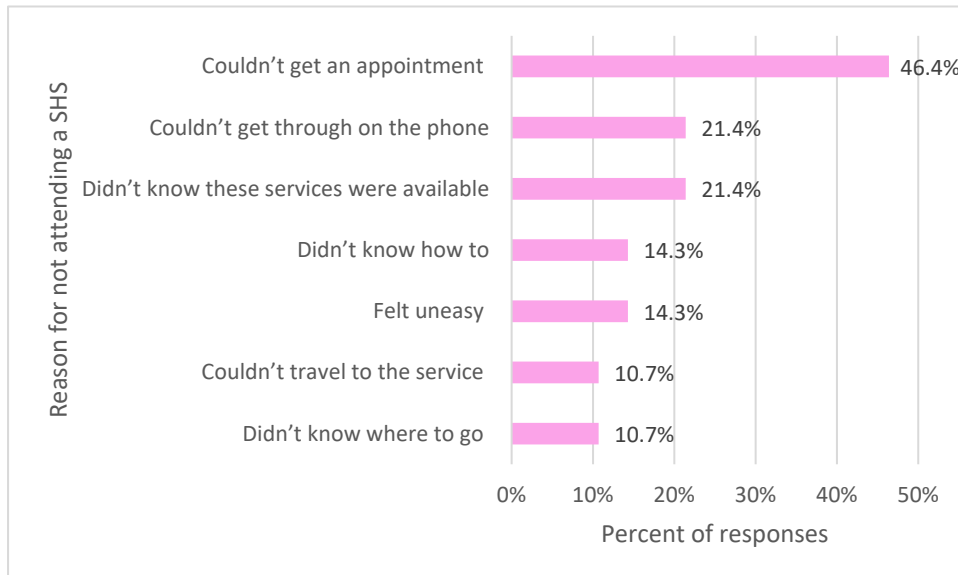


Figure 4 Barriers of attending SHS experienced by the public

Figure 4 shows that almost half (46.4%) of respondents who did not attend a SHS could not get an appointment, which might have been due to 21.4% of them not being able to get through the service on the phone. Therefore, the major reason for not attending a SHS in time of need was due to difficulties accessing the service. The second most common reason was unawareness of availability of the service (21.4%). Only 10.7% of respondents thought they did not attend a SHS due to difficulty traveling to the service or not knowing where the service is.

(Link back to lit review and impact of covid with confusion about which services are available and which are not, and maybe link to Q3?)

Objective 3

To identify the quality of care and ease of access that was received/given by services, timeliness, convenience, privacy, and communication were assessed.

Median scores for degrees of agreement/disagreement with every statement of question 16 (appendix) are presented in table 5, and percentages of the responses received are presented in figure 5.

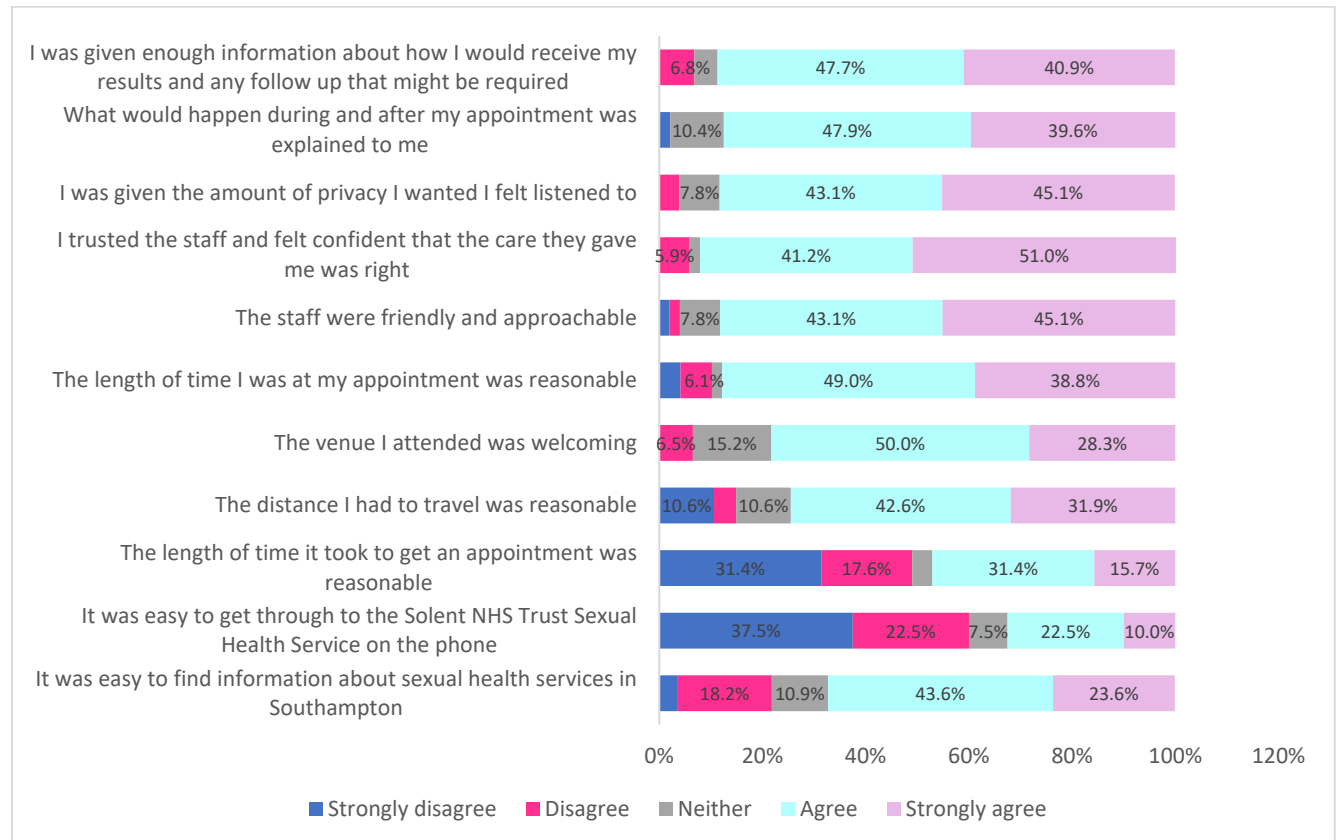


Figure 5 Stacked bar graph of participants' experiences with SHS

This bar graph shows the percentages of responses to the Likert scale questions, that asked participants to choose the extent of agreement/disagreement regarding their experiences with sexual health services in terms of ease of access, amount of information given, staff and venue attitude, privacy, and waiting times.

Table 5 Median Scores of Participants' experiences with Sexual health services

	Median score	LQ - UQ	Min - Max
It was easy to find information about sexual health services in Southampton	4	3 - 4	1 - 5
It was easy to get through to the Solent NHS Trust Sexual Health Service on the phone	2	1 - 4	1 - 5
The length of time it took to get an appointment was reasonable	3	1 - 4	1 - 5
The distance I had to travel was reasonable	4	3 - 5	1 - 5
The venue I attended was welcoming	4	4 - 5	2 - 5
The length of time I was at my appointment was reasonable	4	4 - 5	1 - 5
The staff were friendly and approachable	4	4 - 5	1 - 5
I trusted the staff and felt confident that the care they gave me was right	5	4 - 5	2 - 5
I was given the amount of privacy I wanted I felt listened to	4	4 - 5	2 - 5
What would happen during and after my appointment was explained to me	4	4 - 5	1 - 5
I was given enough information about how I would receive my results and any follow up that might be required	4	4 - 5	2 - 5

1: Strongly disagree, 2: Disagree, 3: Neither 4: Agree, 5: Strongly agree

The lowest median score (median=2) generated was the one representing the ease of getting through to the Solent NHS Trust Sexual Health service. More than half (60%) of respondents found difficulty in reaching the SHS through the phone, where 37.5% strongly disagreed and 22.5% disagreed with describing getting through the NHS SHS on the phone as easy. This shows that respondents generally disagreed with the statement.

In contrast, the highest median score (median=5) generated was the one representing the trust and confidence in the staff and care received, and it is equal to the maximum score possible. This shows that respondents trusted the staff and the quality of care they received. 92.2% of them generally agreed with the statement, with more than half of them (51%) strongly agreeing with the statement.

The only statement that received a neutral median score (median=3), was the one representing the length of time it took to get an appointment. This showed that overall, respondents neither agreed nor disagreed with describing the length of time to get an appointment as reasonable. After looking at percentages of the responses, there was a lot of controversy, where responses describing agreement and disagreement were almost distributed equally. 31.4% of respondents strongly disagreed and 17.6% disagreed, whereas 31.4% of respondents agreed and 15.7% strongly agreed.

All the other responses yielded a median score of 4, which shows that the most common response was “agree” to the remaining statements.

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Appendix

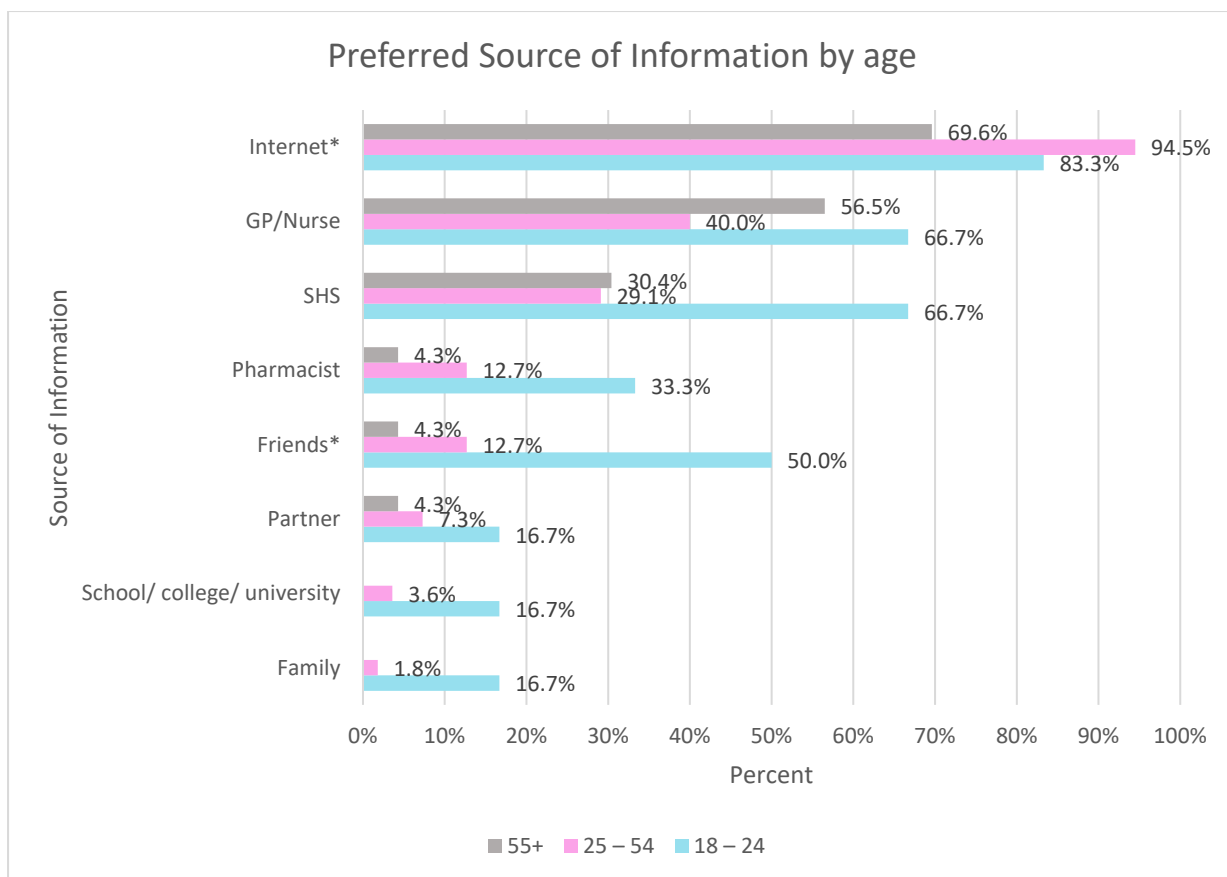
Question 2

According to age

Source of information	Yes (n=84)	Age in years (% within age)			Difference (CI) Between 18-24 and 25-54	Difference (CI) Between 25-54 and 55+	Difference (CI) Between 18-24 and 55+	P-value
		18 – 24	25 – 54	55+				
SHS	27 (32.1%)	4 (66.7%)	16 (29.1%)	7 (30.4%)	0.376 (-0.013-0.634)	-0.013 (-0.242-0.184)	0.362 (-0.057-0.642)	0.211
Friends	11 (13.1%)	3 (50%)	7 (12.7%)	1 (4.3%)	0.373 (0.041-0.692)	0.084 (-0.095-0.202)	0.457 (0.103-0.771)	0.023*
Family	2 (2.4%)	1 (16.7%)	1 (1.8%)	0 (0%)	0.148 (-0.009-0.546)	0.018 (-0.126-0.096)	0.167 (-0.031-0.564)	0.211
Partner	6 (7.1%)	1 (16.7%)	4 (7.3%)	1 (4.3%)	0.094 (-0.075-0.493)	0.029 (-0.143-0.135)	0.123 (-0.092-0.522)	0.591
GP/Nurse	39 (46.4%)	4 (66.7%)	22 (40.0%)	13 (56.5%)	0.267 (-0.123-0.531)	0.029 (-0.143-0.135)	0.101 (-0.306-0.409)	0.254
Pharmacist	10 (11.9%)	2 (33.3%)	7 (12.7%)	1 (4.3%)	0.206 (-0.056-0.578)	0.084 (-0.095-0.202)	0.290 (0.001-0.658)	0.146
School/ college/ university	3 (3.6%)	1 (16.7%)	2 (3.6%)	0	0.130 (-0.032-0.528)	0.036 (-0.109-0.123)	0.167 (-0.031-0.564)	0.220
Internet	73 (86.9%)	5 (83.3%)	52 (94.5%)	16 (69.6%)	Grp1&2: -0.112 (-0.511-0.054)	0.250 (0.074-0.457)	0.138 (-0.286-0.383)	0.008*

**p-value statistically significant*

Test used was fisher's exact test since all variables had cells with an expected count <5



Age:

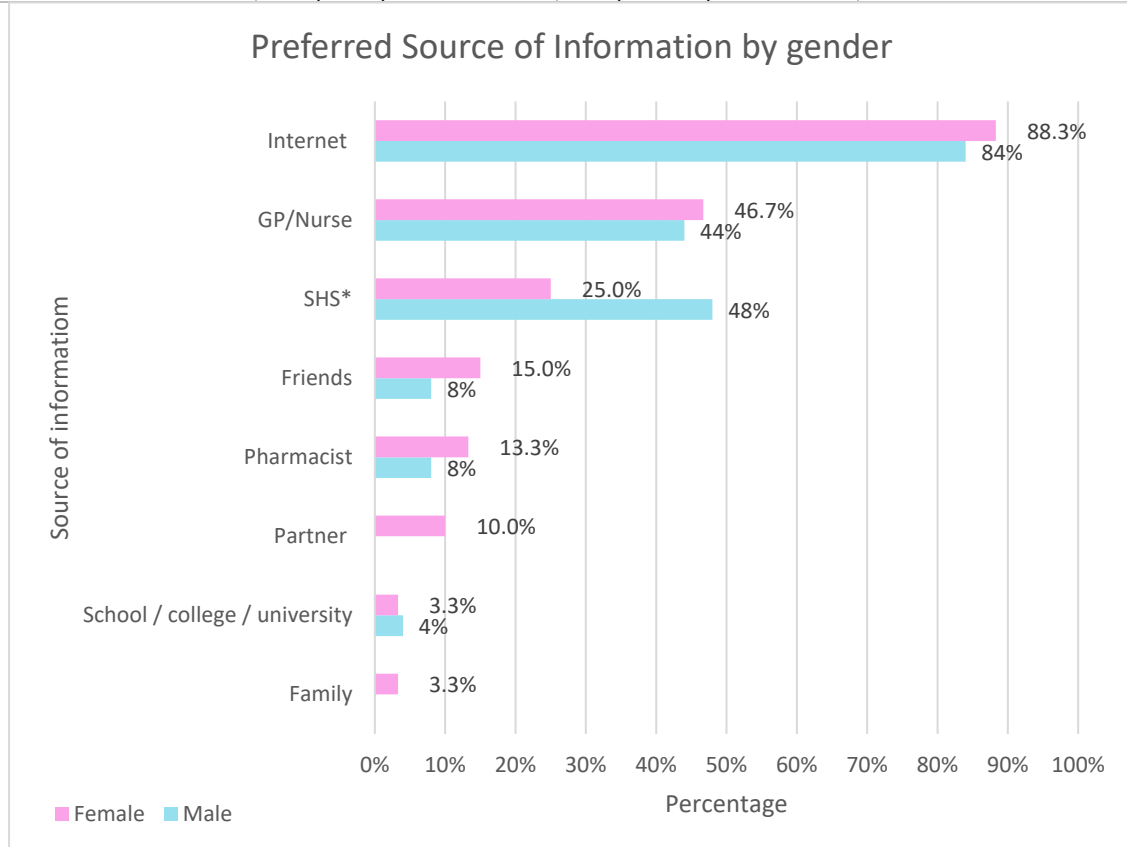
50% of 18–24-year-old respondents would ask their friends about SHS, while other age groups would be less likely to do so (12.7% of 25-54-year-olds and 4.3% of 55+ year olds). After running Fisher's exact test, results were statistically significant ($p=0.023$). Confidence intervals¹ confirmed that the only 2 statistically significant differences within age groups are between 18–24-year-olds and 55+-year-olds with a difference of 45.7% (95% CI 0.103 - 0.771), and between 18–24-year-olds and 25-54-year-olds with a difference of 37.3% (95% CI 0.041 - 0.692).

According to gender

	Male	Female	p-value
Friends	2 (8%)	9 (15%)	0.495 f
Family	0 (0%)	2 (3.3%)	1.000 f
Partner	0 (0%)	6 (10%)	0.173 f
GP/Nurse	11 (44%)	28 (46.7%)	0.822 c
Pharmacist	2 (8%)	8 (13.3%)	0.716 f
SHS	12 (48%)	15 (25%)	0.038* c
School / college / university	1 (4%)	2 (3.3%)	1.000 f

¹ Confidence intervals show statistically significant results when they exclude 0

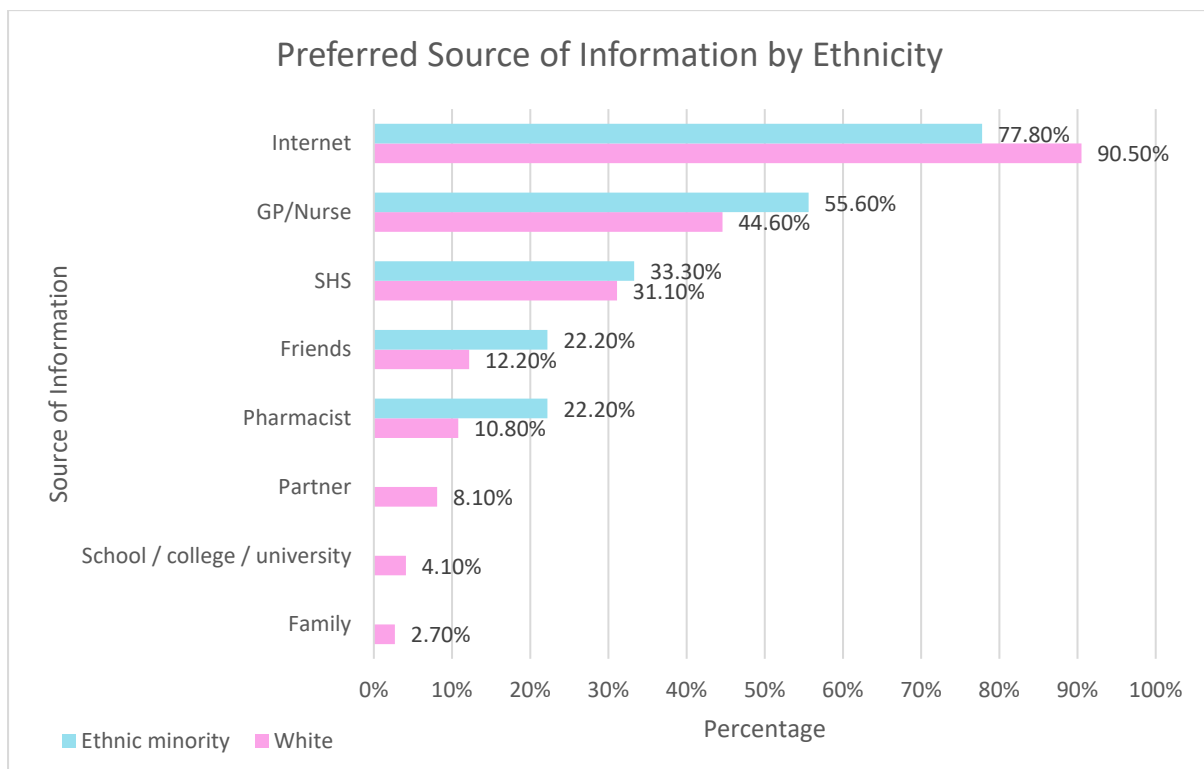
Internet	21 (84%)	53 (88.3%)	0.724 f
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Men and women would generally similarly use internet and GP/nurse as a source of information, but women were more likely to ask their pharmacist or their partners about SHS. In contrast, men would use SHS themselves as sources of information more than women would, with a statistically significant difference of 23% ($p=0.038$). None of the male respondents would ask their partners or their family about SHS.

According to ethnicity

	White	Ethnic minority	p-value
Friends	9 (12.2%)	2 (22.2%)	0.341 f
Family	2 (2.7%)	0 (0%)	1.000 f
Partner	6 (8.1%)	0 (0%)	1.000 f
GP/Nurse	33 (44.6%)	5 (55.6%)	0.726 f
Pharmacist	8 (10.8%)	2 (22.2%)	0.296 f
SHS	23 (31.1%)	3 (33.3%)	1.000 f
School / college / university	3 (4.1%)	0 (0%)	1.000 f
Internet	67 (90.5%)	7 (77.8%)	0.251 f



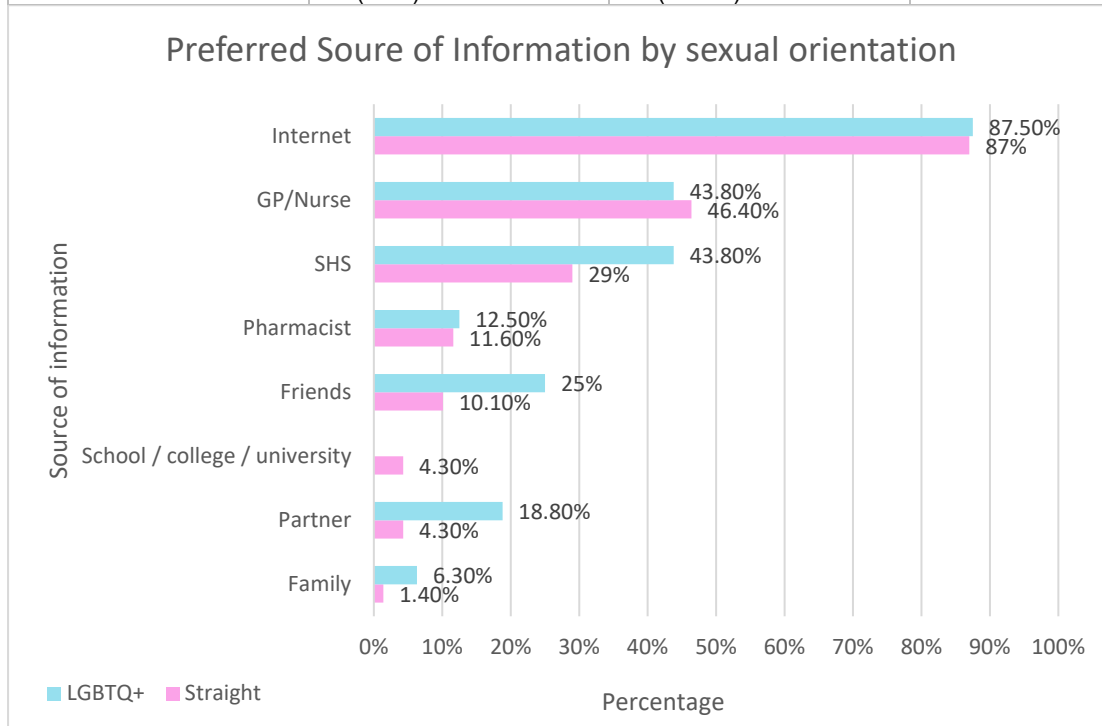
Again, the top 3 sources of information in both ethnic groups would be the internet, the GP/Nurse, and SHSs.

Although statistically insignificant ($p=0.251$), ethnic minorities are less likely to use the internet to receive information about SHS compared to white people, where 12.7% (Add CI) more white british would refer to the internet to access information about SHS.

Results show that ethnic minorities would be approximately 11% (add CI) more likely to ask professionals (GP/Nurse or pharmacists), and friends about SHS compared to white people.

According to sexual orientation

	Straight	LGBTQ+	p-value
Friends	7 (10.1%)	4 (25%)	0.207 f
Family	1 (1.4%)	1 (6.3%)	0.343 f
Partner	3 (4.3%)	3 (18.8%)	0.078 f
GP/Nurse	32 (46.4%)	7 (43.8%)	0.849 c
Pharmacist	8 (11.6%)	2 (12.5%)	1.000 f
SHS	20 (29%)	7 (43.8%)	0.253 c
School / college / university	3 (4.3%)	0 (0%)	1.000 f
Internet	60 (87%)	14 (87.5%)	1.000 f



LGBTQ+ People were more likely to ask their partners and friends about sexual health services compared to straight/heterosexual respondents.

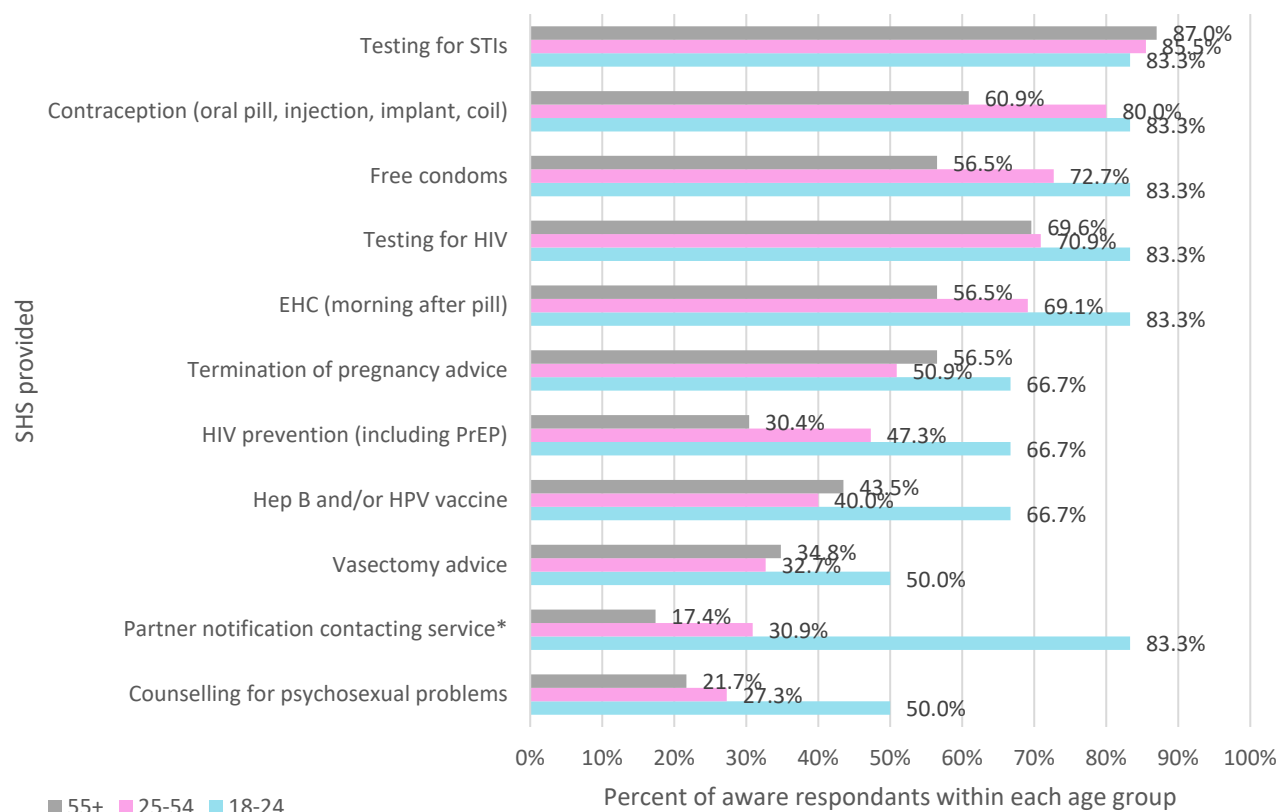
This might be due to LGBTQ+ preferring to ask other LGBTQ+ people who can relate to them and to reduce stigma. Surprisingly, number of LGBTQ+ respondents who would seek information from sexual health services Was greater than number of straight respondents. This suggests that sexual health LGBTQ+ people feel comfortable with sexual health services, which might mean that they feel supported and have reduced feelings of shame and stigma.

Question 3

According to age

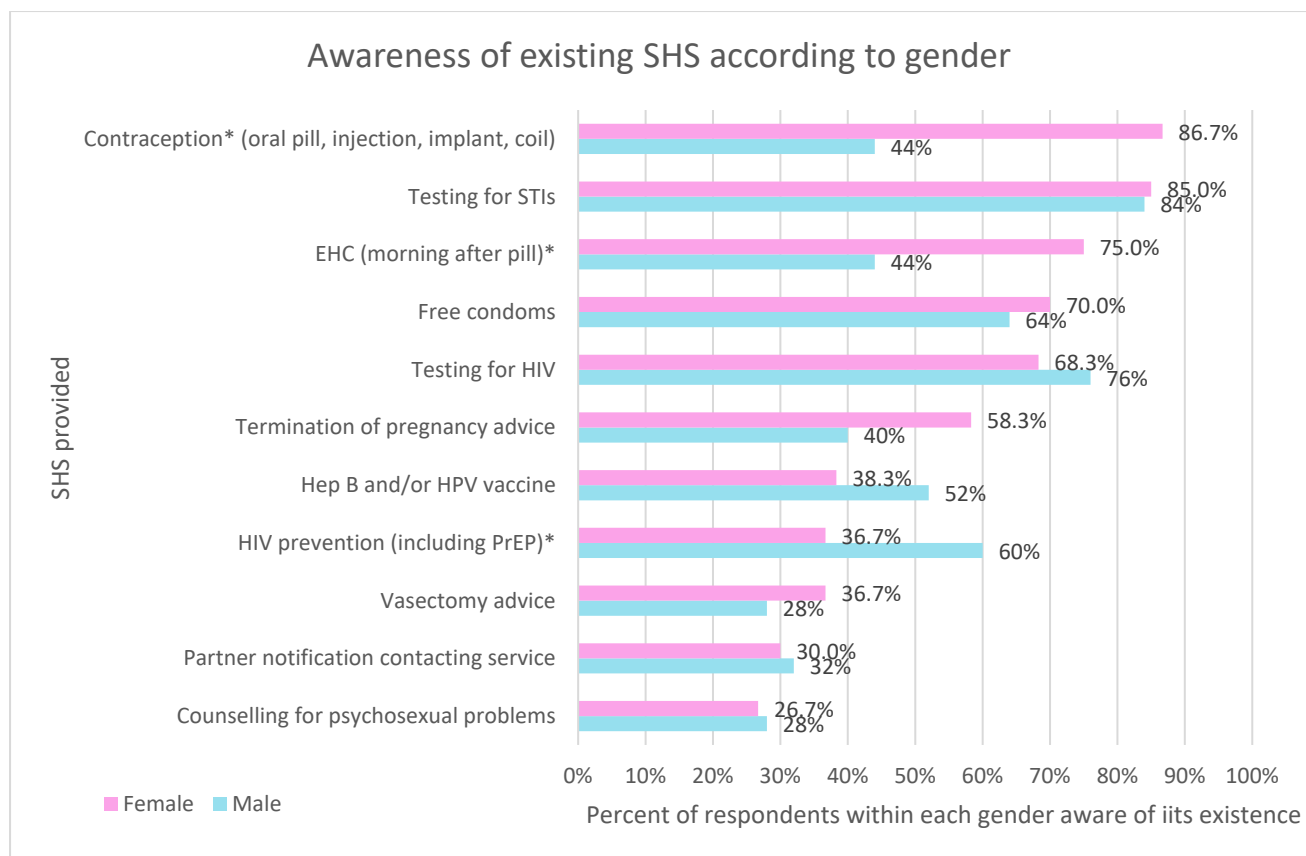
	18-24	25-54	55+	p-value
Counselling for psychosexual problems	3 (50%)	15 (27.3%)	5 (21.7%)	0.447 f
Partner notification contacting service	5 (83.3%)	17 (30.9%)	4 (17.4%)	0.011* f
Free condoms	5 (83.3%)	40 (72.7%)	13 (56.5%)	0.341 F
Contraception (oral pill, injection, implant, coil)	5 (83.3%)	44 (80%)	14 (60.9%)	0.167 F
Hep B and/or HPV vaccine	4 (66.7%)	22 (40%)	10 (43.5%)	0.491 f
Vasectomy advice	3 (50%)	18 (32.7%)	8 (34.8%)	0.757 f
EHC (morning after pill)	5 (83.3%)	38 (69.1%)	13 (56.5%)	0.384 F
Termination of pregnancy advice	4 (66.7%)	28 (50.9%)	13 (56.5%)	0.776 f
Testing for STIs	5 (83.3%)	47 (85.5%)	20 (87%)	1.000 f
Testing for HIV	5 (83.3%)	39 (70.9%)	16 (69.6%)	0.930 f
HIV prevention (including PrEP)	4 (66.7%)	26 (47.3%)	7 (30.4%)	0.213 f

Awareness of Existing SHS according to age



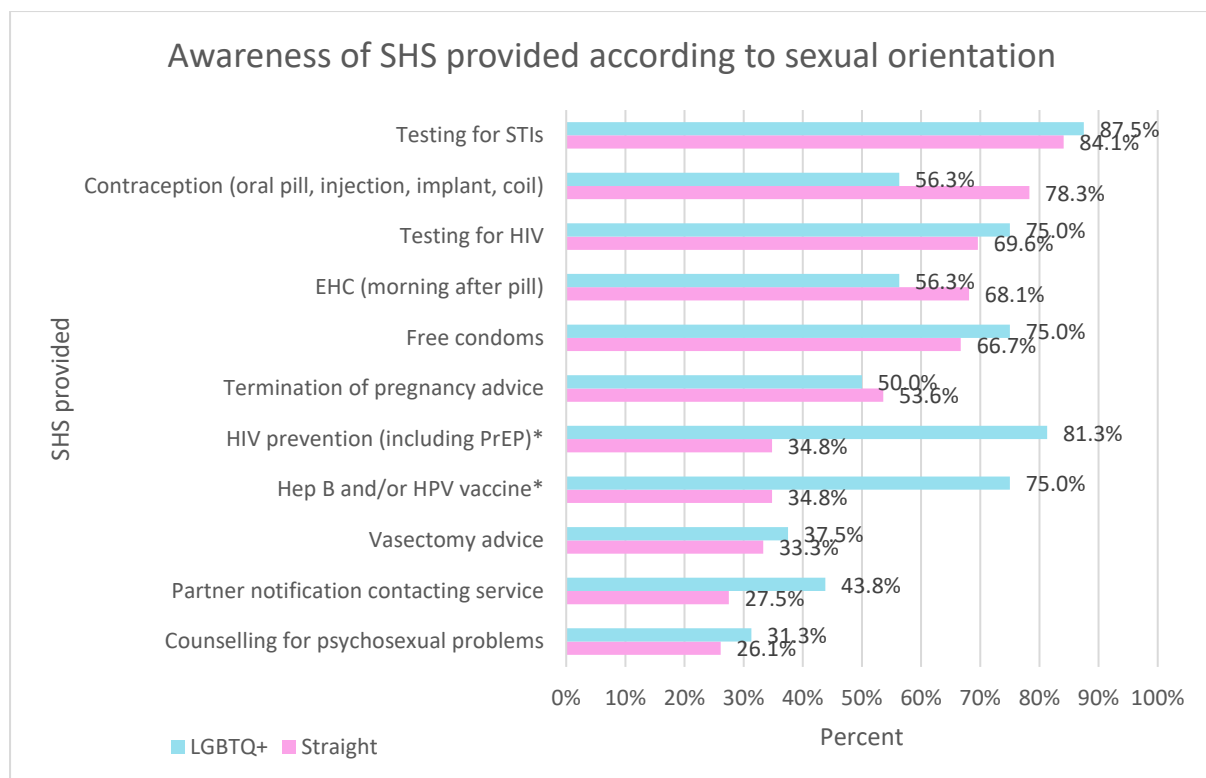
According to sex

	Male	Female	p-value
Counselling for psychosexual problems	7 (28%)	16 (26.7%)	0.900 c
Partner notification contacting service	8 (32%)	18 (30%)	0.855 c
Free condoms	16 (64%)	42 (70%)	0.588 c
Contraception (oral pill, injection, implant, coil)	11 (44%)	52 (86.7%)	<0.001* c
Hep B and/or HPV vaccine	13 (52%)	23 (38.3%)	0.245 c
Vasectomy advice	7 (28%)	22 (36.7%)	0.443 c
EHC (morning after pill)	11 (44%)	45 (75%)	0.006* c
Termination of pregnancy advice	10 (40%)	35 (58.3%)	0.123 c
Testing for STIs	21 (84%)	51 (85%)	1.000 f
Testing for HIV	19 (76%)	41 (68.3%)	0.480 c
HIV prevention (including PrEP)	15 (60%)	22 (36.7%)	0.048* c



According to Sexual Orientation

	Straight	LGBTQ+	p-value
Counselling for psychosexual problems	18 (26.1%)	5 (31.3%)	0.757 f
Partner notification contacting service	19 (27.5%)	7 (43.8%)	0.236 f
Free condoms	46 (66.7%)	12 (75%)	0.519 c
Contraception (oral pill, injection, implant, coil)	54 (78.3%)	9 (56.3%)	0.110 F
Hep B and/or HPV vaccine	24 (34.8%)	12 (75%)	0.003* c
Vasectomy advice	23 (33.3%)	6 (37.5%)	0.751 c
EHC (morning after pill)	47 (68.1%)	9 (56.3%)	0.367 c
Termination of pregnancy advice	37 (53.6%)	8 (50%)	0.794 c
Testing for STIs	58 (84.1%)	14 (87.5%)	1.000 f
Testing for HIV	48 (69.6%)	12 (75%)	0.769 f
HIV prevention (including PrEP)	24 (34.8%)	13 (81.3%)	<0.001* c



According to ethnicity

	White	Ethnic minority	p-value
Counselling for psychosexual problems	19 (25.7%)	3 (33.3%)	0.693 f
Partner notification contacting service	22 (29.7%)	3 (33.3%)	1.000 f
Free condoms	50 (67.6%)	6 (66.7%)	1.000 f
Contraception (oral pill, injection, implant, coil)	55 (74.3%)	7 (77.8%)	1.000 f
Hep B and/or HPV vaccine	32 (43.2%)	3 (33.3%)	0.727 f
Vasectomy advice	25 (33.8%)	3 (33.3%)	1.000 f
EHC (morning after pill)	49 (66.2%)	6 (66.7%)	1.000 f
Termination of pregnancy advice	39 (52.7%)	5 (55.6%)	1.000 f
Testing for STIs	64 (86.5%)	7 (77.8%)	0.612 f
Testing for HIV	54 (73%)	5 (55.6%)	0.274 f
HIV prevention (including PrEP)	31 (41.9%)	5 (55.6%)	0.492 f

Objective 2
Question 6
According to age

Important factor	18 – 24	25 – 54	55 +	p-value
Private location	2 (33.3%)	27 (49.1%)	10 (43.5%)	0.776 f
Nearby location	3 (50%)	33 (60%)	13 (56.5%)	0.824 f
Easy to park	2 (33.3%)	27 (49.1%)	10 (43.5%)	0.776 f
Near public transport	0 (0%)	24 (43.6%)	8 (34.8%)	0.113 f
Early morning opening (before work, college)	4 (66.7%)	27 (49.1%)	9 (39.1%)	0.457 f
Open in the evenings	4 (66.7%)	38 (69.1%)	11 (47.8%)	0.228 f
Open at weekends	4 (66.7%)	35 (63.6%)	9 (39.1%)	0.149 f
Walk-in clinic	6 (100%)	40 (72.7%)	16 (69.6%)	0.344 f
Online Service	4 (66.7%)	31 (56.4%)	10 (43.5%)	0.493
Friendliness	5 (83.3%)	39 (70.9%)	18 (78.3%)	0.784
Being seen as soon as possible	4 (66.7%)	41 (74.5%)	22 (95.7%)	0.050* f
Being given sufficient information	5 (83.3%)	31 (56.4%)	15 (65.2%)	0.446 f

According to gender

Important factor	Male	Female	p-value
Private location	9 (36%)	30 (50%)	0.238 c
Nearby location	14 (56%)	35 (58.3%)	0.843 c
Easy to park	7 (28%)	33 (55%)	0.023* c
Near public transport	6 (24%)	26 (43.3%)	0.094 c
Early morning opening (before work, college)	9 (36.0%)	31 (51.7%)	0.187 c
Open in the evenings	16 (64%)	38 (63.3%)	0.954 c
Open at weekends	15 (60%)	34 (56.7%)	0.777 c
Walk-in clinic	19 (76%)	44 (73.3%)	0.798 c
Online Service	11 (44%)	34 (56.7%)	0.286 c
Friendliness	15 (60%)	48 (80%)	0.055 c
Being seen as soon as possible	18 (72%)	50 (83.3%)	0.234 c
Being given sufficient information	14 (56%)	38 (63.3%)	0.527 c

According to ethnicity

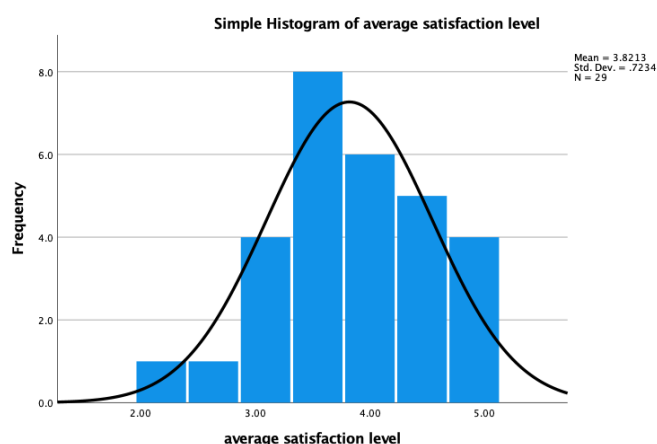
Important factor	White	Ethnic minority	p-value
Private location	33 (44.6%)	5 (55.6%)	0.726 f

Nearby location	40 (54.1%)	7 (77.8%)	0.287 f
Easy to park	36 (48.6%)	3 (33.3%)	0.490 f
Near public transport	27 (36.4%)	4 (44.4%)	0.722 f
Early morning opening (before work, college)	35 (47.3%)	4 (44.4%)	1.000 f
Open in the evenings	48 (64.9%)	5 (55.6%)	0.716 f
Open at weekends	43 (58.1%)	5 (55.6%)	1.000 f
Walk-in clinic	55 (74.3%)	7 (77.8%)	1.000 f
Online Service	44 (59.5%)	1 (11.1%)	0.01* f
Friendliness	54 (73%)	7 (77.8%)	1.000 f
Being seen as soon as possible	61 (82.4%)	5 (55.6%)	0.08 f
Being given sufficient information	45 (60.8%)	5 (55.6%)	1.000 f

According to sexual orientation

Important factor	Straight	LGBTQ+	p-value
Private location	33 (47.8%)	6 (37.5%)	0.455 c
Nearby location	38 (55.1%)	11 (68.8%)	0.318 c
Easy to park	36 (52.2%)	4 (25%)	0.05* c
Near public transport	25 (36.2%)	7 (43.8%)	0.576 c
Early morning opening (before work, college)	34 (49.3%)	6 (37.5%)	0.395 c
Open in the evenings	42 (60.9%)	12 (75%)	0.290 c
Open at weekends	37 (53.6%)	12 (75%)	0.119 c
Walk-in clinic	52 (75.4%)	11 (68.8%)	0.752 f
Online Service	34 (49.3%)	11 (68.8%)	0.160 c
Friendliness	52 (75.4%)	11 (68.8%)	0.752 f
Being seen as soon as possible	57 (82.6%)	11 (68.8%)	0.296 f
Being given sufficient information	43 (62.3%)	9 (56.3%)	0.654 c

The scale of satisfaction showed acceptable levels of reliability after running Cronbach's alpha test ($\alpha > 0.7$), where $\alpha = 0.878$.



(Overall satisfaction = mean score of the 11 questions/11)
The average satisfaction level score shows a slightly longer left-hand tail which suggests that it has a negatively skewed distribution.

Since skewed, descriptive statistics that must be reported are $N=29$, median=3.8182, $LQ=3.3636$, $UQ=3.8182$, minimum=2.18 and maximum=5.0 (to give a sense of the range of the data)

	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Total	Median	LQ-UQ	Min-Max
a. It was easy to find information about sexual health services in Southampton	2 (3.6%)	10 (18.2%)	6 (10.9%)	24 (43.6%)	13 (23.6%)	55	4	3-4	1-5
b. It was easy to get through to the Solent NHS Trust Sexual Health Service on the phone	15 (37.5%)	9 (22.5%)	3 (7.5%)	9 (22.5%)	4 (10%)	40	2	1-4	1-5
c. The length of time it took to get an appointment was reasonable	16 (31.4%)	9 (17.6%)	2 (3.9%)	16 (31.4%)	8 (15.7%)	51	3	1-4	1-5
d. The distance I had to travel was reasonable	5 (10.6%)	2 (4.3%)	5 (10.6%)	20 (42.6%)	15 (31.9%)	47	4	3-5	1-5
e. The venue I attended was welcoming	0 (0%)	3 (6.5%)	7 (15.2%)	23 (50%)	13 (28.3%)	46	4	4-5	2-5
f. The length of time I was at my appointment was reasonable	2 (4.1%)	3 (6.1%)	1 (2%)	24 (49%)	19 (38.8%)	49	4	4-5	1-5
g. The staff were friendly and approachable	1 (2%)	1 (2%)	4 (7.8%)	22 (43.1%)	23 (45.1%)	51	4	4-5	1-5
h. I trusted the staff and felt confident that the	0 (0%)	3 (5.9%)	1 (2.0%)	21 (41.2%)	26 (51%)	51	5	4-5	2-5

care they gave me was right									
i. I was given the amount of privacy I wanted I felt listened to	0 (0%)	2 (3.9%)	4 (7.8%)	22 (43.1%)	23 (45.1%)	51	4	4-5	2-5
j. What would happen during and after my appointment was explained to me	1 (2.1%)	0 (0%)	5 (10.4%)	23 (47.9%)	19 (39.6%)	48	4	4-5	1-5
k. I was given enough information about how I would receive my results and any follow up that might be required	0	3 (6.8%)	2 (4.5%)	21 (47.7%)	18 (40.9%)	44	4	4-5	2-5

	Disagree	Neither	Agree	Total
a. It was easy to find information about sexual health services in Southampton	12 (21.8%)	6 (10.9%)	37 (67.3%)	55
b. It was easy to get through to the Solent NHS Trust Sexual Health Service on the phone	25 (49.0%)	2 (3.9%)	24 (47.1%)	51
c. The length of time it took to get an appointment was reasonable	24 (60%)	3 (7.5%)	13 (32.5%)	40
d. The distance I had to travel was reasonable	7 (14.9%)	5 (10.6%)	35 (74.5%)	47
e. The venue I attended was welcoming	3 (6.5%)	7 (15.2%)	36 (78.3%)	46
f. The length of time I was at my appointment was reasonable	5 (10.2%)	1 (2%)	43 (87.8%)	49
g. The staff were friendly and approachable	2 (3.9%)	4 (7.8%)	45 (88.2%)	51
h. I trusted the staff and felt confident that the care they gave me was right	3 (5.9%)	1 (2.0%)	47 (92.2%)	51
i. I was given the amount of privacy I wanted I felt listened to	2 (3.9%)	4 (7.8%)	45 (88.2%)	51
j. What would happen during and after my appointment was explained to me	1 (2.1%)	5 (10.4%)	42 (87.5%)	48
k. I was given enough information about how I would receive my results and any follow up that might be required	3 (6.8%)	2 (4.5%)	39 (88.6%)	44