

Sexual Wellbeing in Scotland

2025 Baseline Survey for National Monitoring and Evaluation



University
of Glasgow



Scottish Government
Riaghaltas na h-Alba

Published October 2026

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EXECUTIVE SUMMARY

- Sexual wellbeing means feeling respected, safe, at ease and supported, while also having a sense of self-worth and agency in relation to sex and sexuality¹.
- The Scottish Government Sexual Health and Blood Borne Virus Action Plan 2023-2026² established sexual wellbeing as a key priority. This report presents the findings of a national baseline survey providing data on six population-level indicators of sexual wellbeing, to support future target setting and monitoring.
- The survey was undertaken in August 2025 using the ScotPulse non-probability panel³. The sample comprised **3,313 adults aged 18 to 65** and was weighted to reflect the general population on age, gender, and socio-economic group, using Scottish Census data. Key results per indicator are as follows:
- **Indicator 1: Overall sexual wellbeing.** This was measured using the Natsal-SW, a 13-item validated scale assessing sexual wellbeing over the past four weeks. 83% of women and 82% of men were categorised as having ‘good’ (moderate/high) sexual wellbeing. Good sexual wellbeing was less prevalent among sexual minority participants (bisexual, gay, lesbian, and other identities), and participants with disabilities. It was also less common among trans participants and ‘all other’ (non-White) ethnic groups (with caution due to the small sample). **On indicator 1a**, 85% of women and 81% of men said they could talk openly about sex with a sexual partner, and 74% of women and 69% of men with a health professional.
- **Indicator 2: Unfair treatment, harassment or abuse for reasons relevant to sex/sexuality.** Between 4-5% of women and men reported unfair treatment, harassment or abuse in Scotland in the last year for reasons relevant to sex/sexuality. This was reported by one in five (20%) sexual minority participants compared with 2% of heterosexual participants. **On indicator 2a:** between 16-17% of women and men reported experiencing negative judgment in Scotland in the past 12 months for reasons relevant to sex/sexuality (44% of sexual minority participants vs 11% of heterosexual participants).
- **Indicator 3: Safety from all forms of sexual violence.** 75% of women and 12% of men reported feeling unsafe from all forms of sexual violence outside the home (e.g. at work or on the street). Between 3-4% of women and men said they felt unsafe at home.
- **Indicator 4: Receipt of good quality Relationships, Sexual Health and Parenthood (RSHP) education.** Only 11% of women and 7% of men aged 18-24 rated their RSHP education at school as good/very good.
- **Indicator 5: Unmet need for sexual health services.** Among participants who reported having vaginal/anal sex without a condom with two or more partners in the last year, 63% of women and 45% of men did not receive an STI test. Among all participants who were sexually active in the past 12 months, 4% had unmet need for STI testing. Among women at risk of unplanned pregnancy, the prevalence of unmet need for effective contraception was 16%. The proportion not using LARC was 72%

¹ Lewis R, Turner B, Riddell J, Campbell M, Mitchell KR. 2026. Definition and Framework of Sexual Wellbeing for Population Health: Modified Delphi Study. *BMJ-Sexual and Reproductive Health*. <https://srh.bmj.com/content/early/2026/06/22/bmjshr-2025-203200>

² <https://www.gov.scot/publications/sexual-health-blood-borne-virus-action-plan-2023-2026/>

³ <https://www.scotpulse.com/>

- **Indicator 6: Access to good professional support for sexual wellbeing when required.** 20% of all participants reported a need for sexual health and wellbeing services in the past year. Across all participants, 8% accessed a service, and 5% felt their needs were fully met. This means that 15% of the overall sample had an unmet need for sexual wellbeing support (did not access despite having need – or accessed but did not have their needs fully met).

Introduction

The Scottish Government Sexual Health and Blood Borne Virus Action Plan 2023-2026⁴ established sexual wellbeing as a key priority and stated a long-term aim to embed sexual wellbeing in Scottish society. This aim links to the Healthcare Improvement Scotland Sexual Health Standard 5 that ‘All individuals are empowered to maintain positive sexual health, wellbeing and function’⁵.

The goal of sexual wellbeing demands focus on ensuring that people living in Scotland are informed, supported and empowered regarding their sexual health, including blood borne viruses, and that they have access to inclusive education and accessible services. Achieving this goal requires going beyond traditional sexual health policy goals that focus on prevention of sexually transmitted infections (STIs) and unplanned pregnancies. It requires attention to issues such as stigma, misinformation, coercion and inequalities. Scottish Government’s visionary and world-leading ambition is for sexual wellbeing to be at the centre of service delivery and policy decision making.

A challenge of prioritising sexual wellbeing is that the concept is variously understood, conceptualised and measured. To address this, a research team at the University of Glasgow was funded to: (1) establish consensus on a definition and framework of sexual wellbeing⁶; (2) draft and consult on indicators for tracking progress on sexual wellbeing in partnership with Public Health Scotland (PHS); and (3) undertake a national survey, providing baseline estimates against the agreed indicators, to support future target setting and monitoring.

This report summarises the baseline estimates from the national survey. The Consensus Definition and Framework and baseline indicators are first presented as key context.

(1) Establishing a consensus definition and framework

The consensus definition and framework was established in 2024 via a multi-stage expert Delphi consensus process involving 95 Scottish and International experts⁴. It was agreed that:

⁴ <https://www.gov.scot/publications/sexual-health-blood-borne-virus-action-plan-2023-2026/>

⁵ <https://www.healthcareimprovementscotland.scot/publications/sexual-health-standards/>

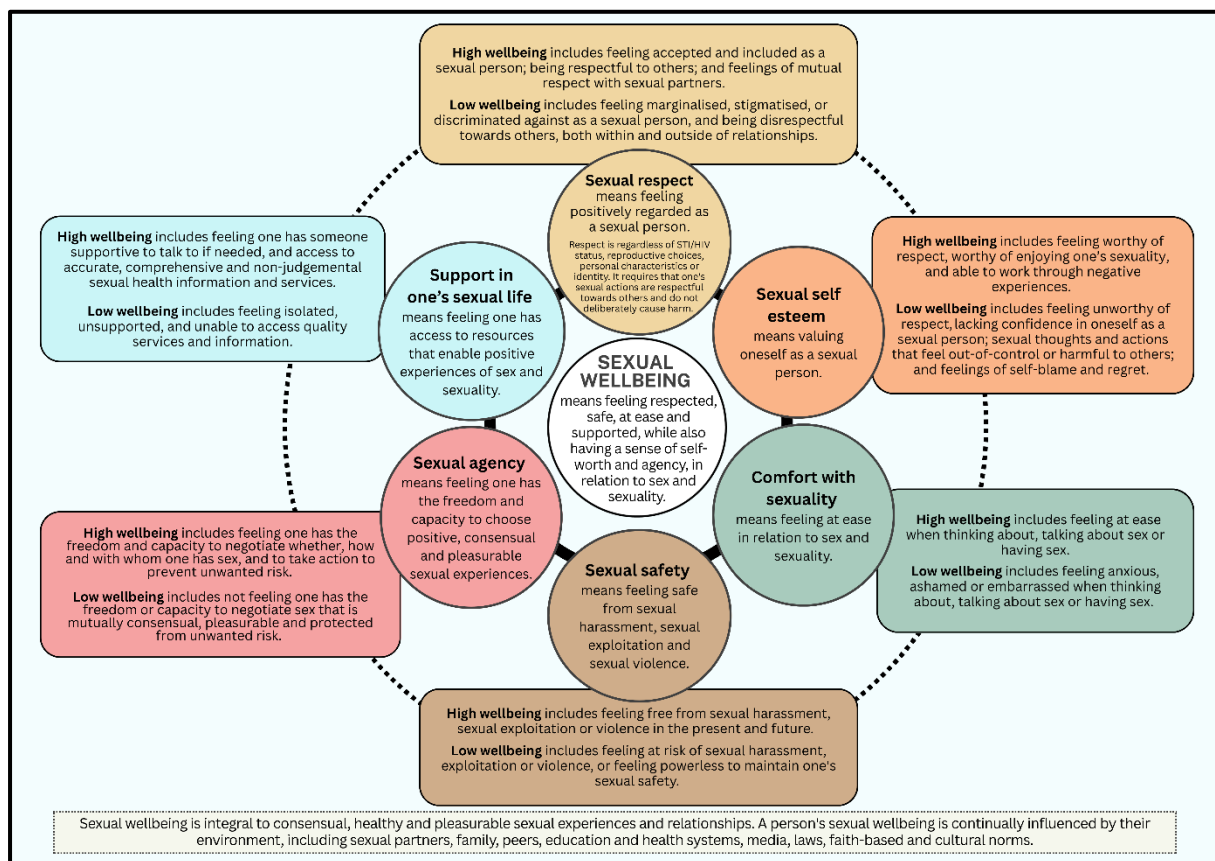
⁶ Lewis R, Turner B, Riddell J, Campbell M, Mitchell KR. 2026. Definition and Framework of Sexual Wellbeing for Population Health: Modified Delphi Study. *BMJ-Sexual & Reproductive Health*. <https://srh.bmj.com/content/early/2026/06/22/bmj.srh-2025-203200>

Sexual wellbeing means feeling respected, safe, at ease and supported, while also having a sense of self-worth and agency, in relation to sex and sexuality.

Sexual wellbeing is integral to consensual, healthy and pleasurable sexual experiences and relationships.

A person's sexual wellbeing is continually influenced by their environment, including sexual partners, family, peers, education and health systems, media, laws, faith-based and cultural norms.

The Consensus Framework of sexual wellbeing



Sexual Wellbeing Framework. Author (Lewis & Mitchell) reproduced under CC-BY licence:
<https://srh.bmj.com/content/early/2026/06/22/bmj.srh-2025-203200>

(2) Designing baseline indicators

Having established a consensus definition and framework, a short-life working group, co-chaired by University of Glasgow and Public Health Scotland, drafted and reviewed candidate baseline

indicators. An initial set of ten was agreed, six of which are population-level indicators and are the focus of this report (see Box). The full set of indicators in the 2026 national data monitoring plan, are provided in Appendix 1.

Six national monitoring indicators included in this report

1. *Sexual wellbeing*: the proportion of people with good sexual wellbeing, measured using the 13-item Natsal Sexual Wellbeing Measure (Natsal-SW). A secondary indicator assesses the proportion who feel able to talk openly about sex without shame or embarrassment with a sexual partner, health professional, close friend, or family member.
2. *Sexual stigma and discrimination*: the proportion of people who report being stigmatised and unfairly treated, harassed, or abused in the past year for reasons related to sex or sexuality (e.g. sexual orientation, having had an abortion, or having an STI). A secondary indicator captures the proportion who felt negatively judged for the same reasons.
3. *Safety from sexual violence*: the proportion of people who feel completely safe from sexual assault, measured separately for (a) the home and (b) elsewhere.
4. *Quality of school-based RSHP education*: the proportion of 18–24-year-olds who report having received good quality Relationships, Sexual Health and Parenthood (RSHP) education at school.
5. *Unmet need for sexual health services*: (a) the proportion of sexually active individuals reporting higher-risk sexual behaviour (two or more condomless partners in past year) who had not received STI testing in the past year; and (b) the proportion of women of reproductive age (18–49) who are at risk of unplanned pregnancy and are not using a reliable method of contraception (primary indicator) or a long-acting reversible contraceptive (LARC) method (secondary indicator).
6. *Access to professional support for sexual wellbeing*: the proportion of people who are able to access professional support for their sexual wellbeing when needed in the past 12 months, and for whom this support adequately meets their needs.

A further four indicators relate to institutional and structural-level progress and are not covered in this report (see Appendix 1).

(3) Population survey

This report provides the findings from a population survey for Scotland, undertaken in 2025 with the aim of collecting baseline data against the six agreed population-level indicators. The methods and results are presented below.

Study Methods

Sample design

The data presented in this report come from a non-probability online survey administered through research company Progressive⁷, in partnership with ScotPulse⁸, Scotland's largest online panel with over 40,000 members. ScotPulse panel members aged 18-65 were invited to participate via targeted invitation. Data were collected between 20th and 28th August 2025.

The target sample size was 3000 and the final analytic sample size was 3,313 after exclusions following quality checks (n=52).

The overall completion rate was 18%. This is lower than the average completion rate for ScotPulse surveys (around 25%) and is likely due the broad study age range, sensitive subject matter, and slightly longer than usual survey length.

Quota controls - based on age, gender, socioeconomic group and region – guided sample selection, aiming for broad representation of the population of Scotland. In the final sample, men aged 18-34 and those from social grade C1 (junior professional/clerical) were under-represented compared with the 2022 Census. To mitigate this, weights were applied, aiming to make the analysis more reflective of the wider population by adjusting for these biases. We weighted to the Scottish population by age, gender and socio-economic group, using Scottish Census data. See Table 1 for the demographic and health profile of the sample before and after weighting. Residents from Glasgow, Highlands and Islands, and South Scotland were underrepresented in our sample even after weighting, whereas residents from Mid Scotland and Fife were overrepresented.

The data were quality checked by the survey provider and University of Glasgow data analysis team to maximise validity and integrity.

Ethical Approval

The study was approved by the University of Glasgow Medical, Veterinary and Life Sciences College Ethics Committee (ref: 200240362).

Questionnaire

The questionnaire is provided in Appendix 2. Participants were asked to provide key demographic information (gender, age, socio-economic status, ethnicity, rurality, marital status and household composition). They were also asked about health and disability. All other questions provided information against the six pre-specified indicators (see above).

Reporting gender and sexual orientation

Data are shown for self-reported gender, categorised as 'Man', 'Woman' and 'In another way'. Where data are presented for men and women, estimates include trans men and trans women respectively.

⁷ <https://www.progressivepartnership.co.uk/>

⁸ <https://www.scotpulse.com/>

Participants who reported their gender 'in another way' (n=20) were too few to report in gender stratified analyses but are included elsewhere.

Participants were also asked: *Do you consider yourself to be trans or have trans history? ('Trans' is a term used to describe people whose gender is not the same as the sex they were registered at birth).* Participants (n=33) who answered yes are referred to as 'trans' and those who answered 'no' are classified as cisgender. All estimates for this group should be treated with caution due to small numbers.

In a sample of 3,313 some sub-groups are small. Due to small numbers, participants reporting their sexual orientation as bisexual, gay, lesbian, or other were combined into one 'sexual minority' category, and 'all other' (non-White) ethnic groups were combined. Doing so means we are unable to report on potential important differences between these groups.

Analysis

We present survey-weighted estimates, including 95% confidence intervals to show uncertainty and support comparisons between groups. Differences between groups were assessed using statistical methods that account for the survey's design and weighting (design-based Pearson chi-square tests, two-sided p-value threshold of $p < 0.05$ designated a priori). We also show the actual number of people each estimate is based on (unweighted base). Actual numbers of participants belonging to a particular group cannot be calculated from applying the weighted percentages to these unweighted bases. All analyses were unadjusted.

Methodological caveats

Non-probability web-panel surveys have known and expected biases, such as the exclusion of individuals without internet access⁹. Weighting of data can only partially address this bias. This means that we cannot provide statistically precise margins of error or significance testing.

The analysis is descriptive and does not adjust for potential confounding factors. This means that some statistically significant differences reported here may not remain significant if they were included in a fully adjusted model. Some variables rely on broad categorisations, which may mask variation within groups.

Description of sample

Of the weighted sample (n= 3,313), 51% were women and 49% were men. Most (82%) were heterosexual and 1.4% identified as trans or having a trans history. Most participants reported White ethnicity (97%), had post-school qualifications (68%), were employed (75%), and were in a cohabiting relationship (61%) (Table 1).

Comparison of the weighted sample with the 2022 Scottish Census, highlighted several notable differences. Compared with the 2022 Census our sample is more White (97% vs 93% in the census);

⁹ Burkill S, Copas A, Couper MP, *et al.* Using the Web to Collect Data on Sensitive Behaviours: A Study Looking at Mode Effects on the British National Survey of Sexual Attitudes and Lifestyles. *PLOS ONE* 2016; **11**: e0147983.

more educated (68% post school qualification versus 58%); and less healthy (65% vs 81%). There were also more trans (1.4% vs 0.4%) and more non-heterosexual participants (17% vs 3%). The question on sexual orientation had higher missingness in the Census (8%, compared with 1% in our survey), which may partially explain this discrepancy.

Table 1: Sample breakdown by socio-demographics

Characteristic	Weighted N = 3,313 ¹	Unweighted N = 3,313	Census N=3,344,924 ²
Gender			
Man	1,614 (49%)	1,431 (43%)	49%
Woman	1,679 (51%)	1,862 (56%)	51%
In another way	20 (0.6%)	20 (0.6%)	
Trans status/history			
No	3,247 (98%)	3,265 (99%)	94.6%*
Yes (e.g. non-binary, trans woman, trans man)	47 (1.4%)	33 (1.0%)	0.5%*
Missing data	18 (0.6 %)	15 (0.5 %)	5%
Age			
18-24	465 (14%)	200 (6.0%)	14%
25-34	688 (21%)	530 (16%)	21%
35-44	674 (20%)	717 (22%)	20%
45-54	713 (22%)	884 (27%)	22%
55-65	773 (23%)	982 (30%)	23%
Ethnicity			
White	3,216 (97%)	3,206 (97%)	93%
Asian	27 (0.8%)	31 (0.9%)	4%
Black	22 (0.7%)	23 (0.7%)	1%
Mixed/Other	34 (1.0%)	39 (1.2%)	2%
Missing data	15 (0.4 %)	14 (0.4 %)	
Sexual orientation			
Heterosexual	2,709 (82%)	2,846 (86%)	88%*
Bisexual/Gay/Lesbian/Other	569 (17%)	444 (13%)	5%*
Missing data	35 (1.0 %)	23 (0.7 %)	7%*
Relationship status			
Cohabiting	2,025 (61%)	2,189 (66%)	NA
Steady, not cohabiting	265 (8.0%)	205 (6.2%)	NA
Single/Other	1,007 (31%)	902 (27%)	NA
Missing data	16 (0.5 %)	17 (0.5 %)	NA
General Health (3-cat)			
Good/very good	2,149 (65%)	2,116 (64%)	81%
Fair	863 (26%)	874 (26%)	13%
Bad/very bad	294 (8.9%)	317 (9.6%)	6%
Missing data	6 (0.2 %)	6 (0.2 %)	
Qualifications			
No qualifications	89 (2.7%)	97 (3.0%)	10%
School level qualifications	958 (29%)	933 (28%)	31%
College/further education level	844 (26%)	807 (25%)	22%
University/Higher/ professional level	1,388 (42%)	1,446 (44%)	36%
Missing data	35 (1.0 %)	30 (0.9 %)	

Characteristic	Weighted N = 3,313 ¹	Unweighted N = 3,313	Census N=3,344,924 ²
Employment			
Employed	2,492 (75%)	2,493 (75%)	74%
Student	172 (5.2%)	86 (2.6%)	5%
Retired	200 (6.1%)	260 (7.9%)	4%
Not employed	415 (13%)	436 (13%)	16%
Missing data	35 (1.1 %)	38 (1.1 %)	
Social grade			
Higher & Intermediate, Professional/Managerial	762 (23%)	1,046 (32%)	23%
Junior Professional/Clerical	1,160 (35%)	906 (27%)	35%
Skilled manual workers	729 (22%)	666 (20%)	22%
Semi-skilled and unskilled, unemployed	662 (20%)	695 (21%)	20%
SIMD⁴			
1 - most deprived	545 (16%)	529 (16%)	NA
2	687 (21%)	655 (20%)	NA
3	744 (22%)	740 (22%)	NA
4	743 (22%)	785 (24%)	NA
5 - least deprived	575 (17%)	589 (18%)	NA
Missing data	19 (0.6 %)	15 (0.5 %)	NA
Region³			
Central Scotland	430 (13%)	426 (13%)	12%
Glasgow	355 (11%)	342 (10%)	13%
Highlands and Islands	334 (10%)	356 (11%)	14%
Lothian	468 (14%)	453 (14%)	13%
Mid Scotland and Fife	441 (13%)	441 (13%)	8%
North East Scotland	514 (16%)	508 (15%)	12%
South Scotland	340 (10%)	345 (10%)	13%
West Scotland	430 (13%)	442 (13%)	14%

¹ Data are weighted to adjust for sampling imbalances across age, gender, socioeconomic group.

² Data are presented for individuals aged 18-64 years unless otherwise specified.

³ Regions are Scottish Parliamentary Regions

⁴ Age-specific SIMD data were not available from the census, and relationship status was not included as a census question; consequently, these variables are shown as NA in the Table.

Census data were calculated using <https://www.scotlandscensus.gov.uk/search-the-census#/> tool. Census data represent individuals aged 16-64 years

Main Findings

We present summary data on key indicators, overall and by key socio-demographic characteristics. All analyses presented here are based on weighted data. Unweighted denominators are also shown to indicate sample size.

INDICATOR 1. Proportion of people resident in Scotland with good sexual wellbeing in the last month

Sexual wellbeing was measured using the Natsal-SW, a validated scale assessing sexual wellbeing over the past four weeks (Appendix 3). The measure comprises 13 Likert-type items (10 items for participants reporting no sexual activity in the past four weeks). Scores were standardised to a 0-52 range to ensure comparability across the sample. Low sexual wellbeing is defined as ≤ 33 and high sexual wellbeing as ≥ 48 . In analysis presented by gender (women, men), the category “in another way” was excluded due to small numbers (n=20).

We defined ‘good’ sexual wellbeing as moderate (34-47) or high scores (≥ 48) on the Natsal-SW.

1.1 Distribution of low, medium and high sexual wellbeing

1.1.1 Sexual wellbeing by gender

83% of women and 82% of men in Scotland have good (moderate/high) sexual wellbeing. Conversely, 17% of women and 18% of men have low sexual wellbeing.

There were no significant differences between gender (women and men) in the distribution of sexual wellbeing ($p=0.52$).

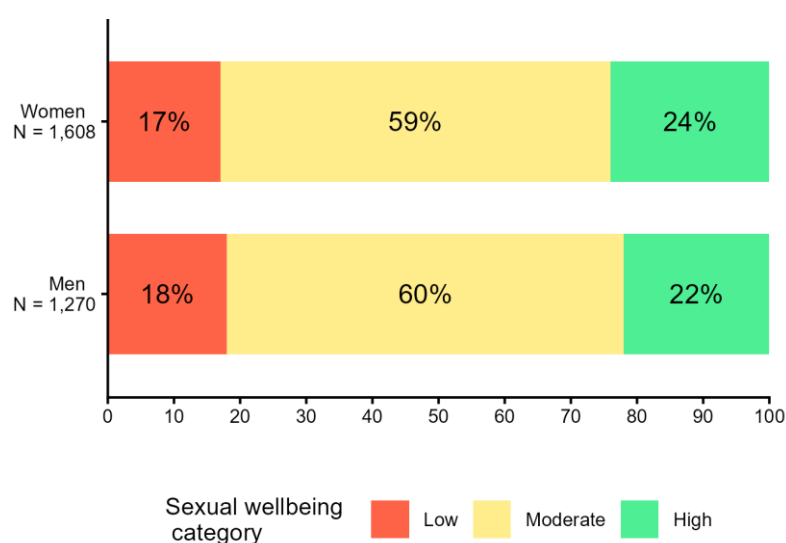


Figure 1. Distribution of sexual wellbeing categories by gender (women, men)

Base: people who ever had sexual experience (N unweighted=2,878)

1.1.2 Sexual wellbeing by sexual orientation

Two-thirds (67%) of sexual minority participants (bisexual, gay, lesbian, and other identities) had good (moderate/high) sexual wellbeing, compared with 86% of heterosexual participants.

The distribution of sexual wellbeing differed significantly by sexual orientation ($p < 0.001$). Low sexual wellbeing was more prevalent in sexual minority participants compared with heterosexual participants (33% vs 14%); conversely, high sexual wellbeing was less prevalent (11% vs 25%).

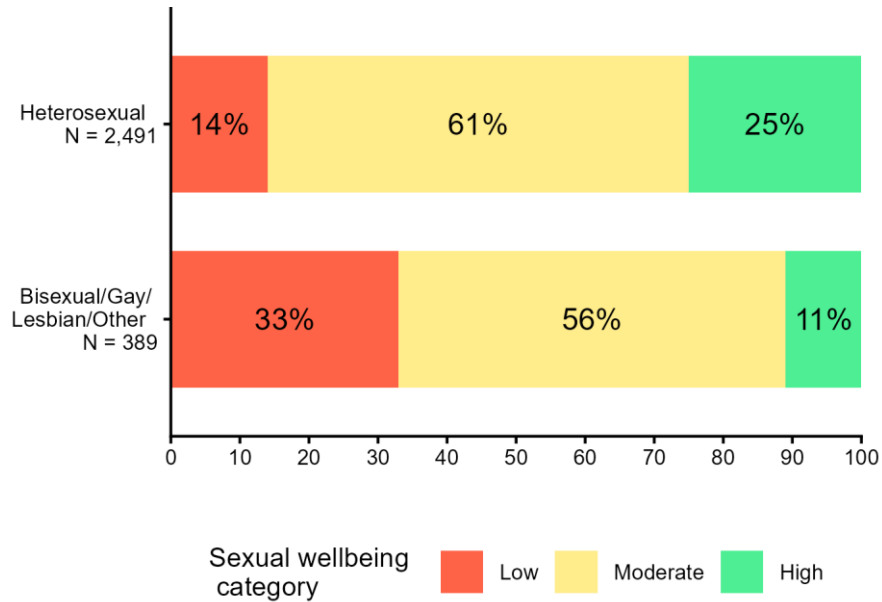


Figure 2. Distribution of sexual wellbeing categories by sexual identity

Base: people who ever had sexual experience ($N_{unweighted}=2,880$)

1.1.3 Sexual wellbeing by trans status

Good (moderate/high) sexual wellbeing was much less prevalent in trans participants. This estimate, and comparison with cisgender participants, requires caution due to small numbers of trans participants.

Among 26 trans participants (non-binary, trans women, trans men), half (53%) had good sexual wellbeing, and just less than half (46%) had low sexual wellbeing.

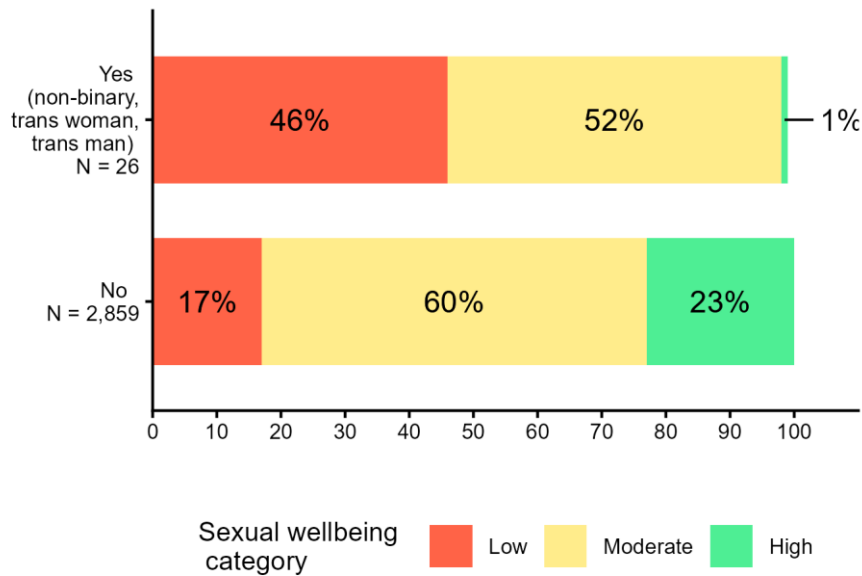


Figure 3. Distribution of sexual wellbeing categories by trans status/history

Base: people who ever had sexual experience (N_{unweighted}=2,885).

Of 33 participants who identified as trans, seven were excluded due to no previous sexual experience and/or missing sexual wellbeing data.

1.1.4 Distribution of low, medium and high sexual wellbeing by age and gender

Good sexual wellbeing is less prevalent in young people (age 18-24). Low sexual wellbeing is less prevalent in older age groups.

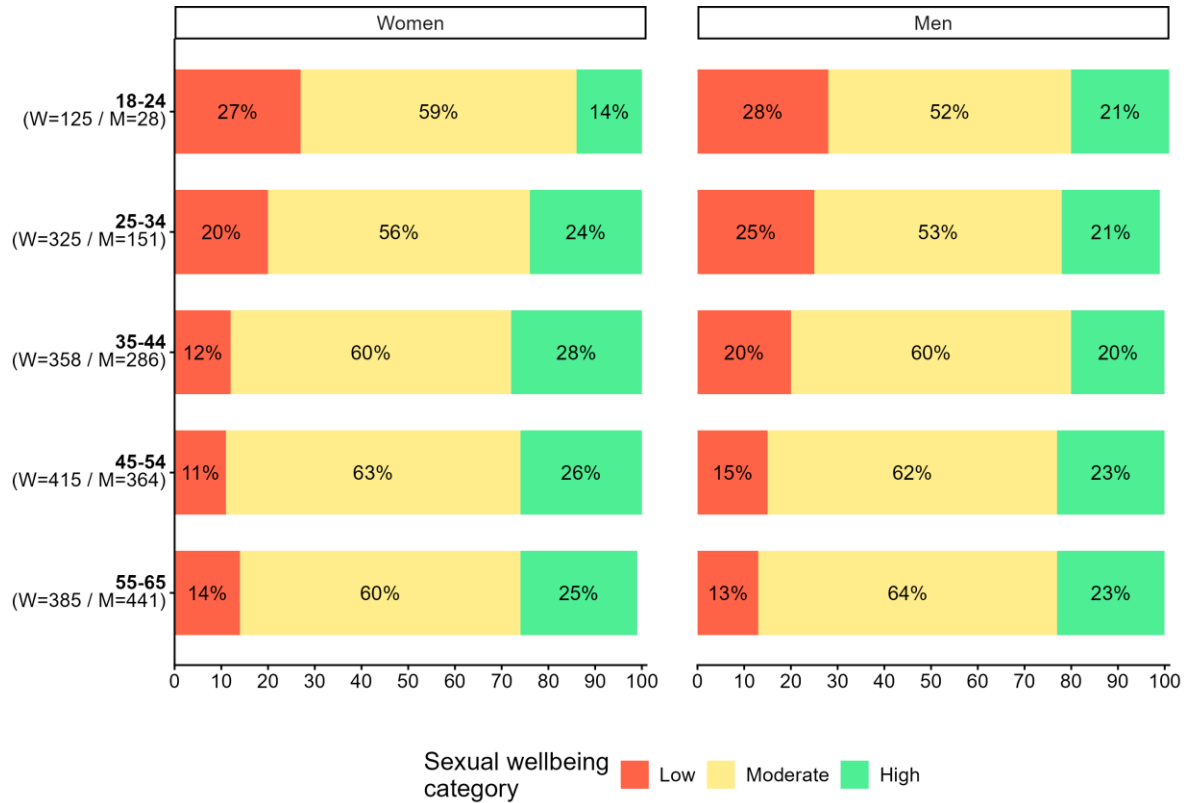


Figure 4. Distribution of sexual wellbeing categories by gender and age groups.

Base: people who ever had sexual experience (Ns are unweighted). Note: Estimates for men aged 18-24 should be treated with caution due to small numbers (base <30).

The proportion of women with high sexual wellbeing increases from 14% to 24%, from the youngest age-group (18-24) to the next (25-34), whereas for men it remains relatively stable, at approx. 20–23% across all age groups. There is a significant decreasing trend in low sexual wellbeing with increasing age (global trend $p=0.002$ for women, $p=0.0017$ for men).

1.1.5 Distribution of low, medium and high sexual wellbeing by disability, education and ethnicity

Good sexual wellbeing was less prevalent among participants with disabilities (74% vs 86% with no disability). It was also less prevalent among those in all other ethnic groups (67% vs 83%), although caution is required in comparison due to small numbers. There was no difference by education.

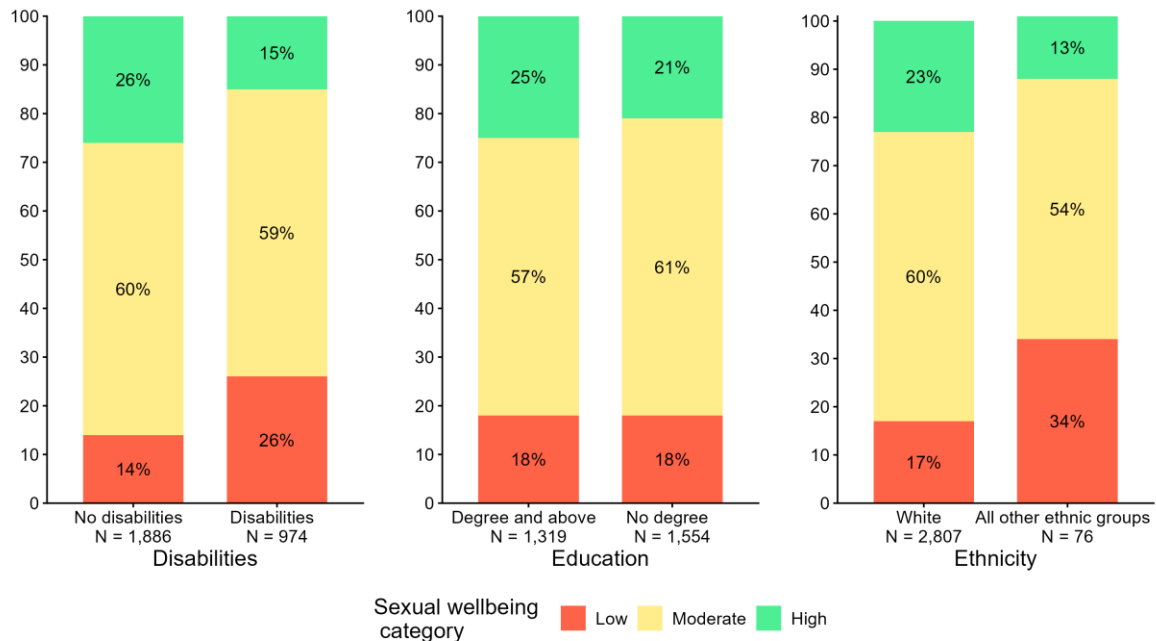


Figure 5. Distribution of sexual wellbeing by disabilities, education and ethnicity

Base: people who ever had sexual experience (Ns are unweighted).

Disability was defined as physical or mental health conditions or illnesses lasting or expected to last for 12 months or more, which limit daily activities (a little or a lot).

One in four participants (26%) with a physical or mental health condition lasting, or expected to last, 12 months or more that limits day-to-day activities reported low sexual wellbeing ($p < 0.001$ for comparison with those reporting no disabilities). Low sexual wellbeing was more prevalent in 'all other' ethnic groups (34% vs 17%; $p = 0.004$) but due to small numbers in the latter group ($n=76$), any comparison should be cautious.

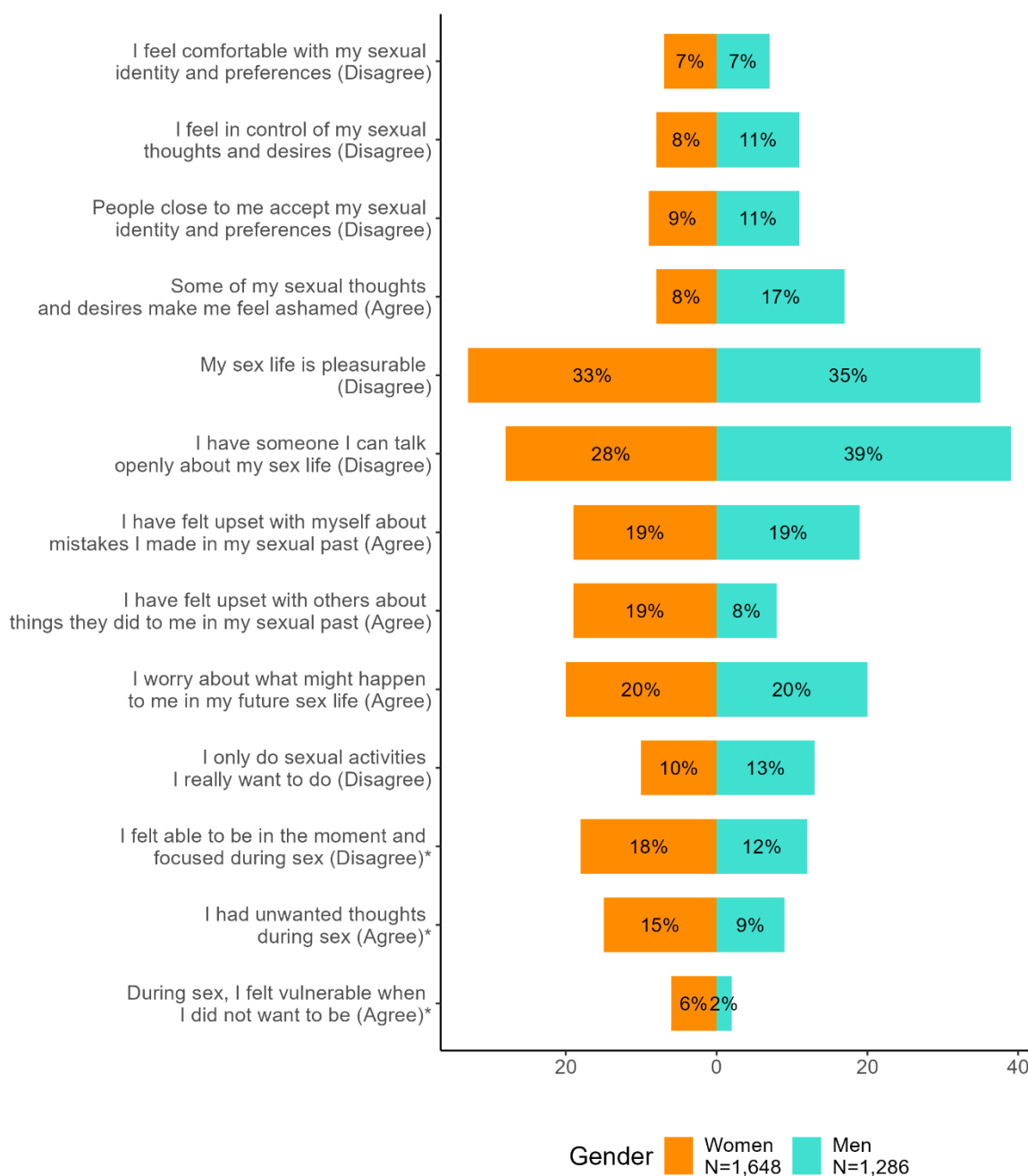


Figure 6. Proportion endorsing response options indicative of low sexual wellbeing on individual items, by gender.

Base: people who ever had sexual experience (Ns are unweighted).

Bases varied due to different levels of missing data for different statements; bases presented here are for 'My sex life is pleasurable', the statement with the most missing data.

*The base for these questions is those who have had sex in the past 4 weeks: women N=817, men N=638

Response options indicative of low sexual wellbeing are: Agree/agree strongly for positively worded items and disagree/disagree strongly for negatively worded items.

Aspects of sexual wellbeing, for which women and men most commonly gave responses indicative of low sexual wellbeing were: not feeling their sex life was pleasurable (33% women, 35% men; $p=0.4$), not having someone to talk to openly (28% women, 39% men; $p<0.001$), feeling upset about mistakes made in one's sexual past (both 19%, $p=0.9$) and concern about one's future sex life (both 20%, $p=0.9$). In contrast, 7% of women and men did not feel comfortable with their sexual identity and preferences ($p=0.9$), and 9% of women and 11% of men ($p=0.06$) felt that people around them did not accept their sexual identity and preferences.

Men were more likely than women to report not having anyone they could talk to openly about their sex life (39% vs 28% of women, $p < 0.001$), and that some of their sexual thoughts/desires made them feel ashamed (17% vs. 8%, $p<0.001$). They were also less likely to feel in control of their sexual thoughts and desires (11% vs. 8%, $p = 0.0013$) and less likely to only do sexual activities they really wanted to do (13% vs. 10%, $p = 0.012$).

Women more often reported feeling upset about things others had done to them in their sexual past (19% vs. 8% of men, $p<0.001$). They also reported greater difficulty "being in the moment" during sex (18% vs. 12%, $p=0.003$), more unwanted thoughts during sex (15% vs. 9%, $p=0.006$), and feeling vulnerable when they did not want to be (6% vs. 2%, $p=0.01$).

1.1.6 Global measure of sexual wellbeing

We piloted a single item global question on sexual wellbeing. Participants were shown the following statement:

Sexual wellbeing means feeling respected, safe, and at ease about sex and sexual feelings, and valuing yourself as a sexual person. It also means feeling you can make your own decisions about sex and sexuality and can get support if needed.

They were then asked to rate their sexual wellbeing in the last 4 weeks on a scale of 1 (very low) to 5 (very high).

This global measure showed a moderate correlation with the sexual wellbeing score ($r = 0.47$, $p < 0.001$)¹⁰. The proportion of participants reporting a score of 1-2 is roughly similar to the proportion with a 'low' sexual wellbeing score on the Natsal-SW (Figure 7). However, women tended to rate their sexual wellbeing more highly when given a global question, compared with answering specific questions on sexual wellbeing. This may reflect lower expectations for sexual wellbeing among women compared with men.

¹⁰ Correlation <0.3 is considered weak, $0.3-0.49$ - moderate, ≥ 0.5 strong. Gignac & Szodorai (2016) Effect size guidelines for individual differences researchers (<https://www.sciencedirect.com/science/article/pii/S0191886916308194>)

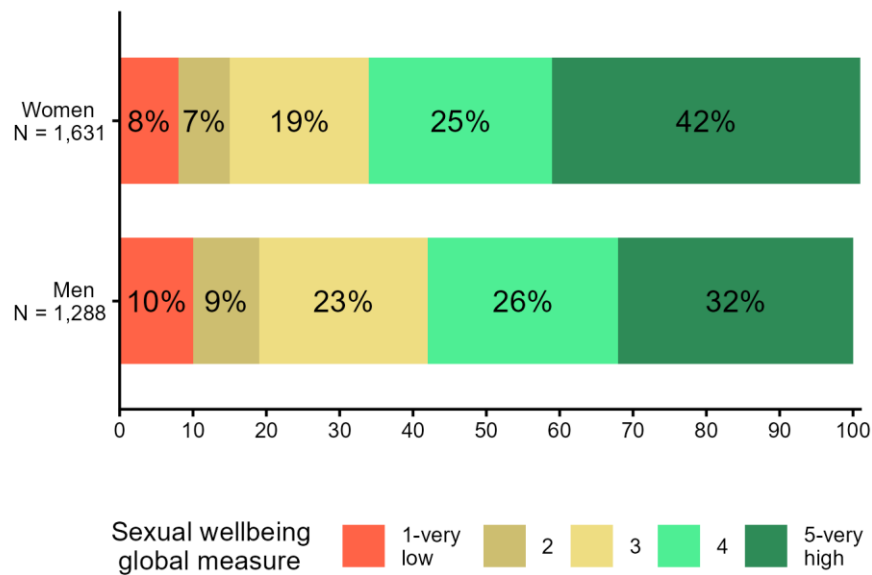


Figure 7. Distribution of sexual wellbeing global measure by gender

Base: people who ever had sexual experience (Ns are unweighted)

1.2 Able to talk openly about sex

85% of women and 81% of men said they could talk openly with a sexual partner, and 74% of women and 69% of men with a health professional. 70% of women and 53% of men were able to talk openly with close friends. Under a third were able to talk openly with a family member.

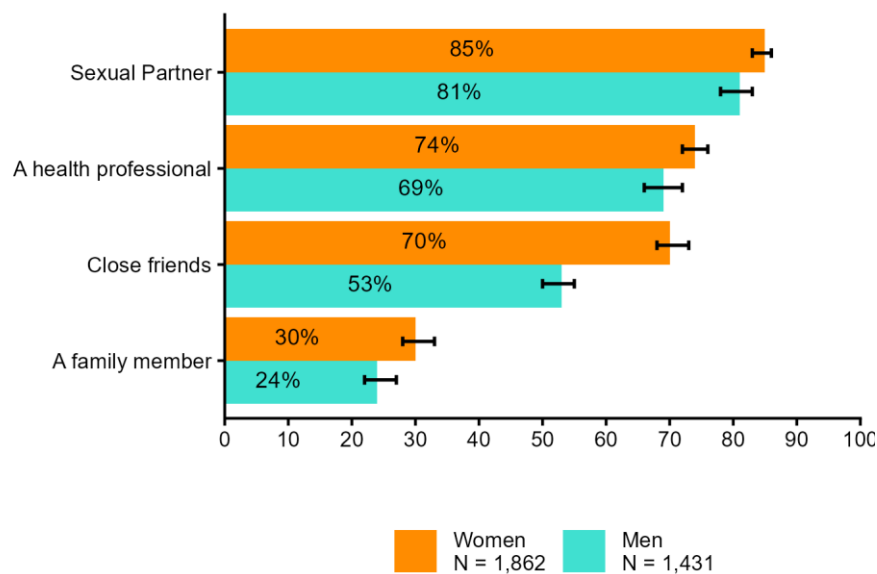


Figure 8. Able to talk about sex openly, by gender.

Base: All (Ns are unweighted).

Figure shows the % of participants strongly agreeing or agreeing with the statement: 'I can talk openly about sex with....' Not applicable was selected by 11% for sexual partner, 3% for health professional, 2% for close friends, 5% for family member).

As shown in Figure 8, women reported greater ease with talking openly about sex across all categories, with the greatest gender difference for talking openly with friends. Open discussion was most comfortable with sexual partners, and least comfortable with family members.

1.2.1 Open discussion about sex with sexual partner(s) by disability, education and ethnicity.

Figure 9 shows the percentage of participants who agreed that they can talk openly about sex with their sexual partners, by disability, education, and ethnicity. Participants with a disability were less likely to report that they could discuss sex openly with a partner (79% compared with 85% not reporting a disability, $p < 0.001$), but there were no significant differences by education or ethnicity ($p = 0.3$ and $p = 0.4$ respectively), noting small numbers in the 'all other' ethnic group category which may limit our ability to detect differences.

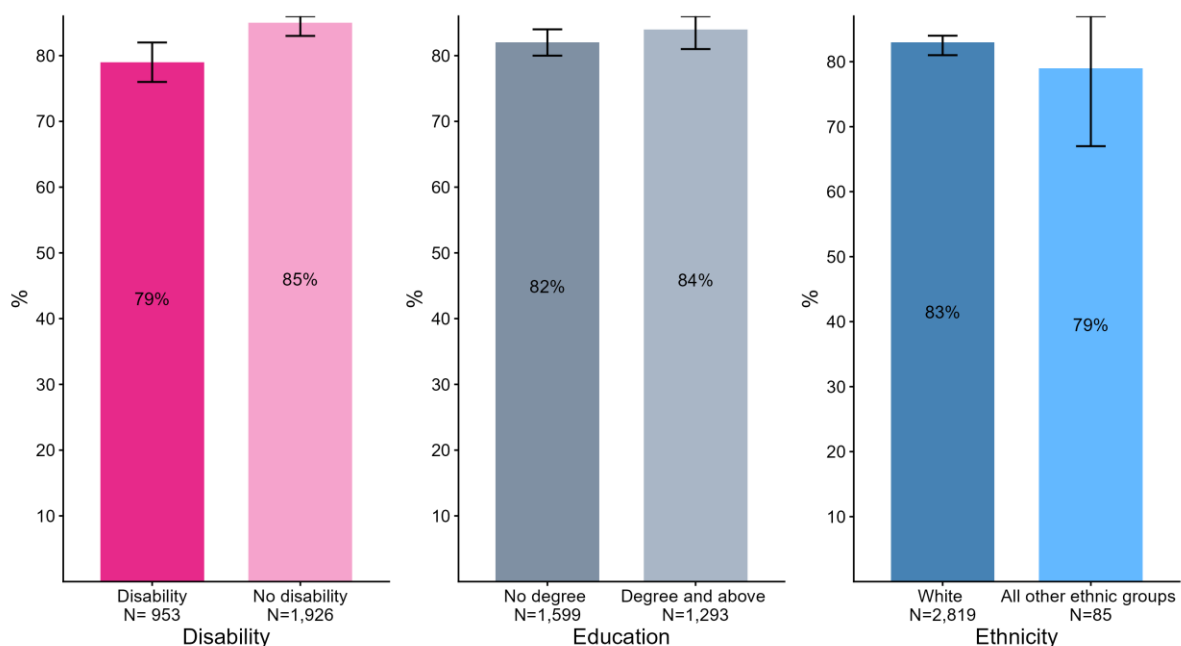


Figure 9. Talking about sex openly with sexual partners by disability, education and ethnicity

Base: All (Ns are unweighted)

Disability was defined as physical or mental health conditions or illnesses lasting or expected to last for 12 months or more, which limit daily activities (a little or a lot).

1.2.2 Open discussion about sex with health professionals by disability, education and ethnicity.

Similar patterns were found for being able to discuss sex openly with a health professional (Figure 10). Participants with a disability were less likely to report that they could discuss sex openly with a health professional (68% compared with 74% not reporting a disability; $p=0.002$), but there were no significant differences by education or ethnicity ($p=0.5$ and $p=0.6$ respectively), again noting small numbers in the 'all other ethnic group' category.

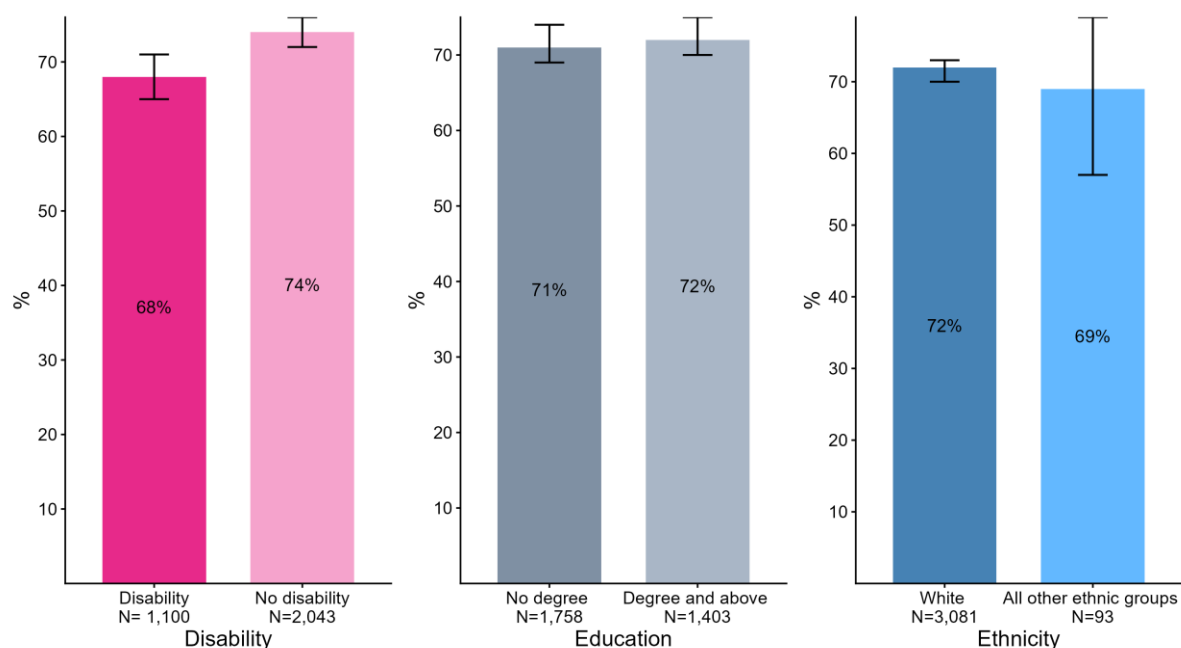


Figure 10. Talking about sex openly with health professionals by disability, education and ethnicity

Base: All (Ns are unweighted)

Disability was defined as physical or mental health conditions or illnesses lasting or expected to last for 12 months or more, which limit daily activities (a little or a lot).

INDICATOR 2.

2.1 Proportion of participants who report being unfairly treated, harassed or abused in Scotland in the last year for reasons relevant to sex/sexuality

Between 4-5% of women and men reported unfair treatment, harassment or abuse in Scotland in the last year for reasons relevant to sex/sexuality. One in five (20%) of sexual minority participants reported this, compared with 2% of heterosexual participants.

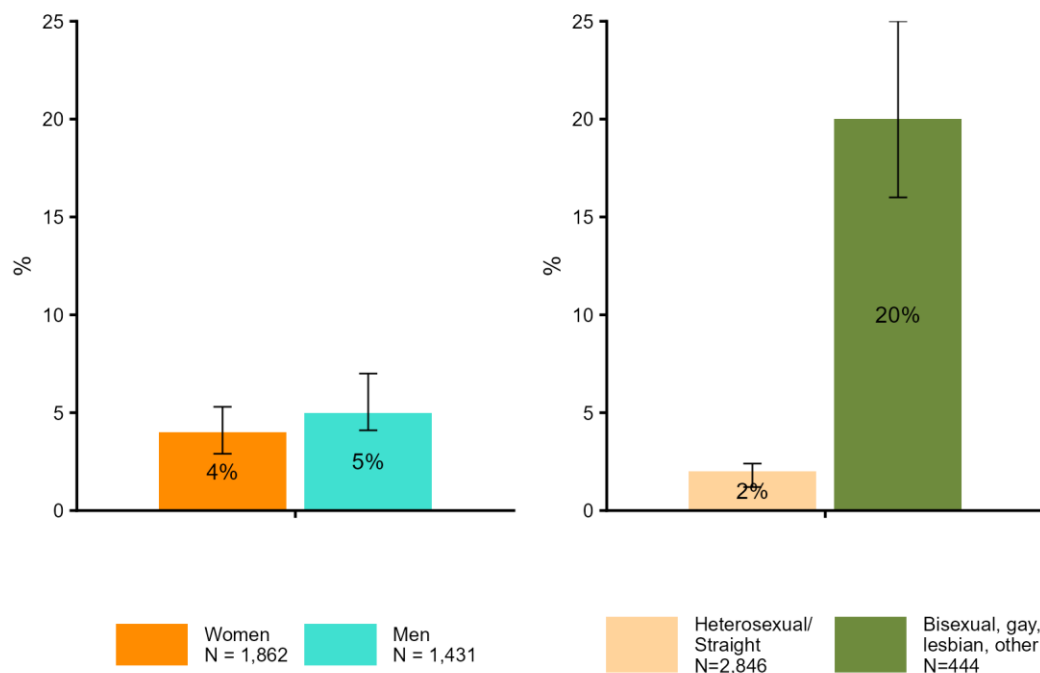


Figure 11. Proportion of participants experiencing unfair treatment, harassment or abuse related to sex or sexuality in Scotland, past 12 months by gender and sexual orientation

Base: All (Ns are unweighted)

Figure shows the % of participants reporting one or more of any of the following reasons: *sexual orientation or identity, sexual behaviours or preferences, having an STI, having an abortion, other aspects of sexuality or sexual health, one or more of above, do not wish to say which (participants could tick more than one).*

Among participants reporting unfair treatment, harassment or abuse, the primary reasons were: sexual orientation (70%), sexual behaviour or preferences (22%), another aspect of sexuality (8%). The other reasons (having an STI, having an abortion or opting not to disclose the reason) were each endorsed by <5% participants.

2.2 Proportion of participants reporting feeling negatively judged in Scotland in the last 12 months for reasons relevant to sex/sexuality

Between 16-17% of women and men reported experiencing negative judgment in Scotland in the past 12 months for reasons relevant to sex/sexuality. 44% of sexual minority participants reported this compared with 11% of heterosexual participants.

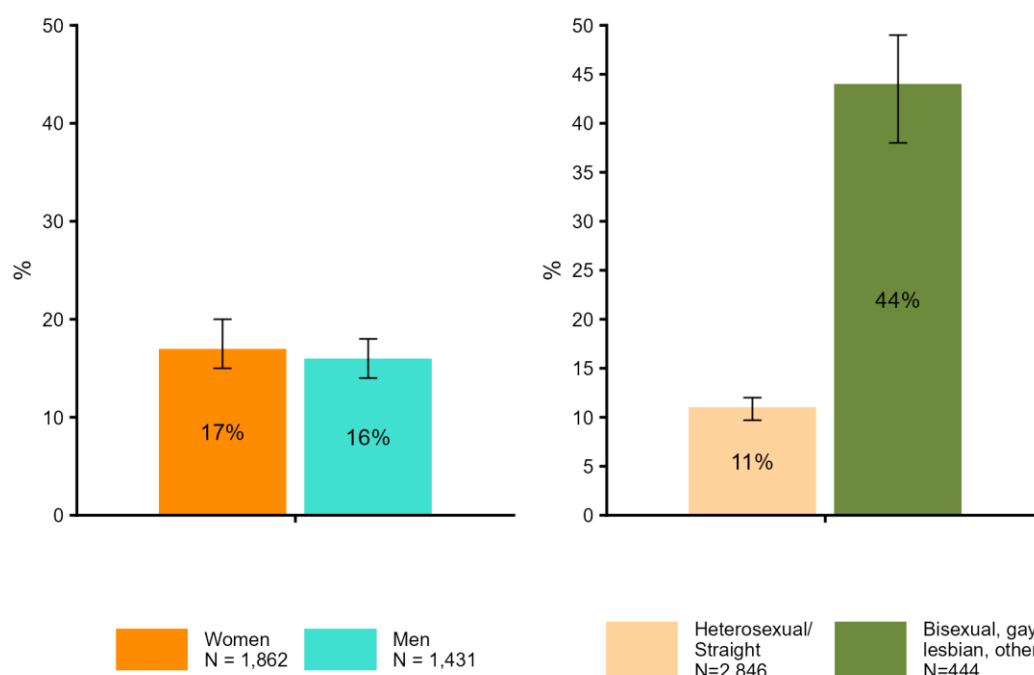


Figure 12. Proportion of participants who report feeling negatively judged due to reasons related to sex or sexuality in the past 12 months by gender and sexual orientation

Base: All (Ns are unweighted)

Figure shows the % of participants reporting one or more of any of the following reasons: *sexual orientation or identity, sexual behaviours or preferences, relationship status (e.g. divorced, single, married), not having sex, use of pornography, having an STI, having an abortion, other aspects of sexuality or sexual health, one or more of above, do not wish to say which (participants could tick more than one)*. Participants were instructed that *negatively judged* included 'any situation where you felt others disapproved of you, even if they did not say so directly'.

Among participants reporting feeling judged, the most common reported reason was sexual orientation or identity (39%), followed by relationship status such as being single or divorced (36%), and then not having had sex (32%). Sexual behaviours and preferences, use of pornography and other reasons were reported by 15%, 14% and 12% respectively. Other reasons (having an STI, having had an abortion, or do not wish to say), were each reported by <5% of participants. See Figure 13.

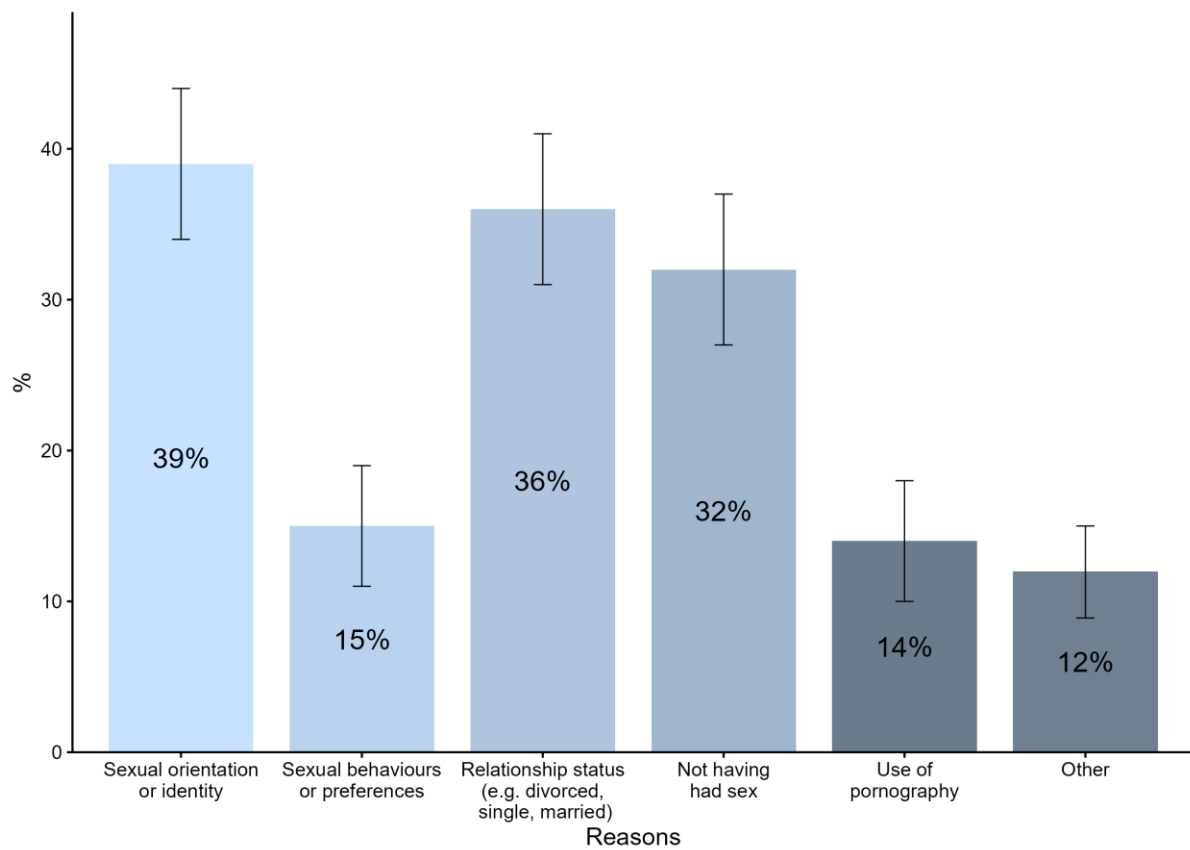


Figure 13. Reasons related to sex or sexuality reported by participants who felt they had been negatively judged in Scotland in the past 12 months

Base: Participants who reported being negatively judged (Ns are unweighted)

Note participants could give more than one reason.

INDICATOR 3.

3.1 Proportion who feel safe from sexual assault

75% of women and 12% of men reported feeling unsafe from sexual assault outside the home (e.g., at work or on the street). Between 3-4% of women and men felt unsafe at home.

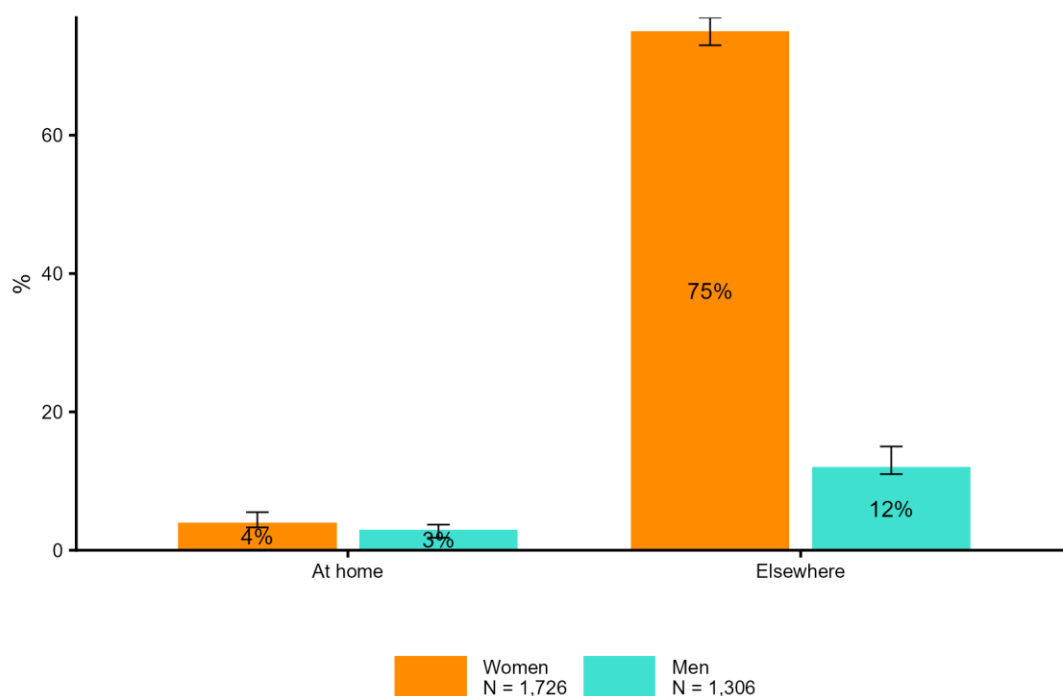


Figure 14. Proportion of participants feeling unsafe at home and outside home (at work or on street)

Base: All who opted to answer this question (6%, N_{unweighted}=200 opted out). Bases reported are based on 'elsewhere' which had the highest missing data.

Question: (a) *At home, how safe do you typically feel from sexual assault?* (b) *Outside your home, for example, at work or on the street, how safe do you typically feel from sexual assault?* Response options were: *not at all safe, somewhat unsafe, somewhat safe, completely safe, don't know, prefer not to say.*

Figure 14 shows the proportion feeling unsafe by gender. Figure 15 shows the proportion of women feeling unsafe outside the home by disability, education, and ethnicity, age group and region. The proportion of women aged 18-24 feeling unsafe was 91%, and this declined across successive age groups, to 60% of women aged 55 to 65 ($p < 0.001$). Perceptions of safety from sexual assault were similar across regions of Scotland (74-81% feeling unsafe), except for Highland and Islands, which had a lower rate (58%) ($p < 0.001$). Women with a disability were more likely to report feeling unsafe outside the home than those without a disability (80% vs 72%) ($p < 0.001$). There were no differences by education or ethnicity ($p = 0.7$ and $p = 0.8$ respectively).

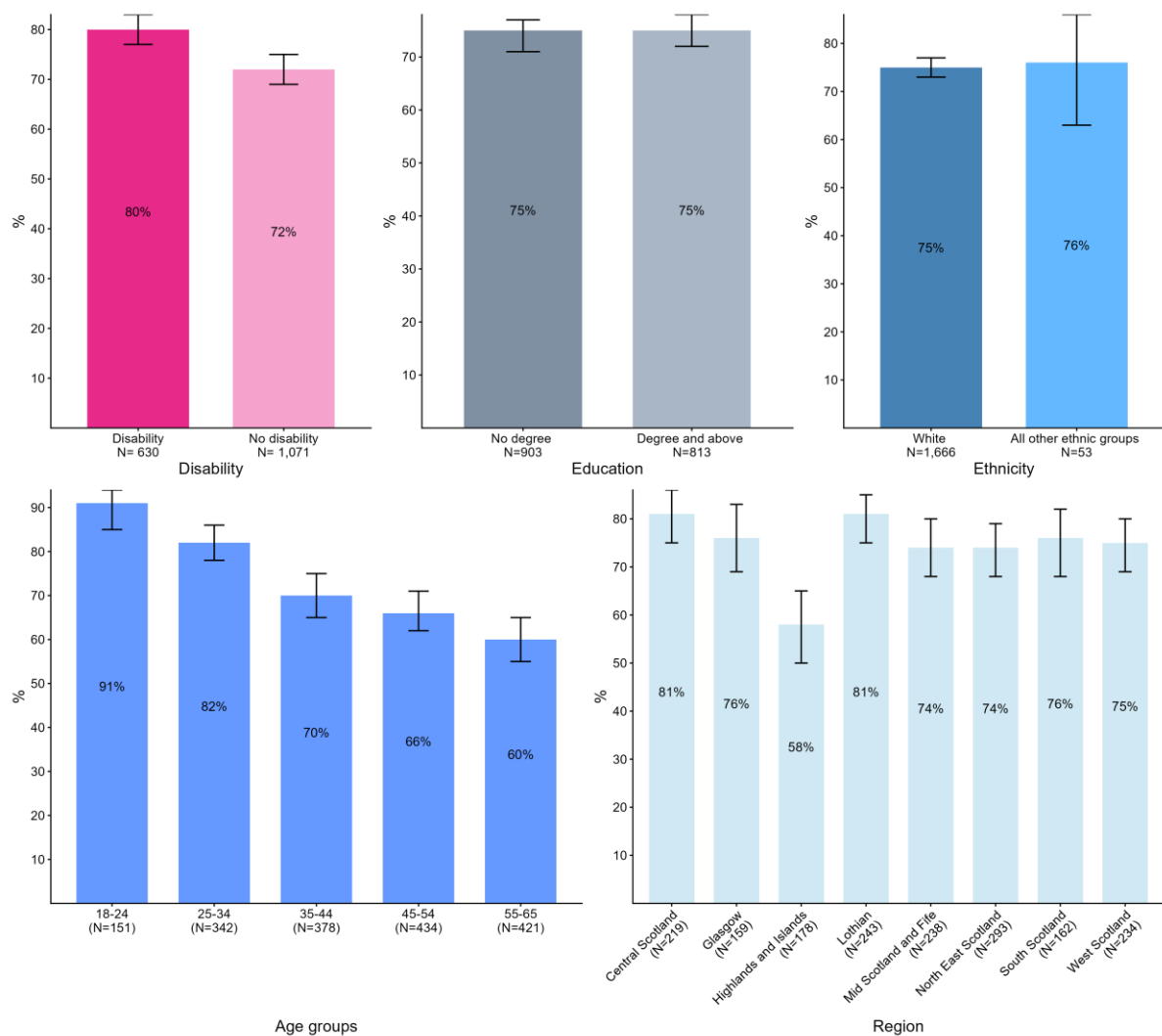


Figure 15. Proportion of women feeling unsafe outside the home (e.g. at work or on street) by ethnicity, education, age group and region

Base: All who opted in to answer these questions (6% ($N_{\text{unweighted}}=200$) opted out and skipped this section)

Disability was defined as physical or mental health conditions or illnesses lasting or expected to last for 12 months or more, which limit daily activities (a little or a lot).

INDICATOR 4.

4.1 Proportion of young people (18-24) who receive high quality school Relationships, Sexual Health and Parenthood (RSHP) education

11% of women and 7% of men aged 18-24 rated their RSHP education as good/very good. Conversely, approximately half of participants in this age group rated it as bad/very bad or said they had not received any.

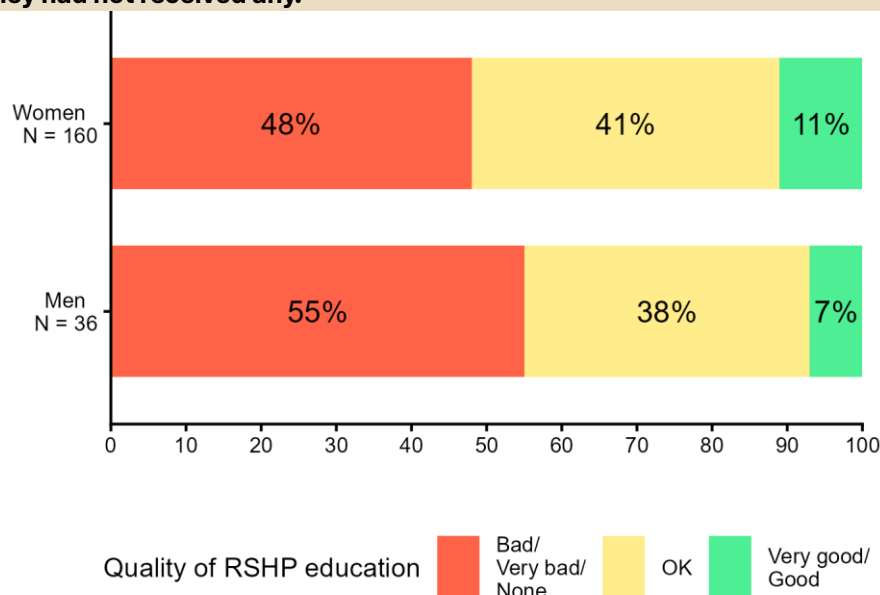


Figure 16. Perceived Quality of RSHP Education by gender

Base: Young people 18-24 (N unweighted)

Participants were asked: *How would you rate the quality of the relationships and sex education you received at school, as a whole? ("Very good"/"Good" or "OK" or "Bad/ Very bad/ I did not receive any relationships and sex education at school").*

Among those aged 18-24, one in ten heterosexual participants rated their RSHP education as good/very good, compared with one in fourteen sexual minority participants. Conversely, 43% of heterosexual participants rated it bad/very bad or did not receive it, compared with 57% of sexual minority participants. Differences were non-significant, likely due to small numbers ($p=0.2$). Note that the sample may include participants who now live in Scotland but attended school elsewhere.

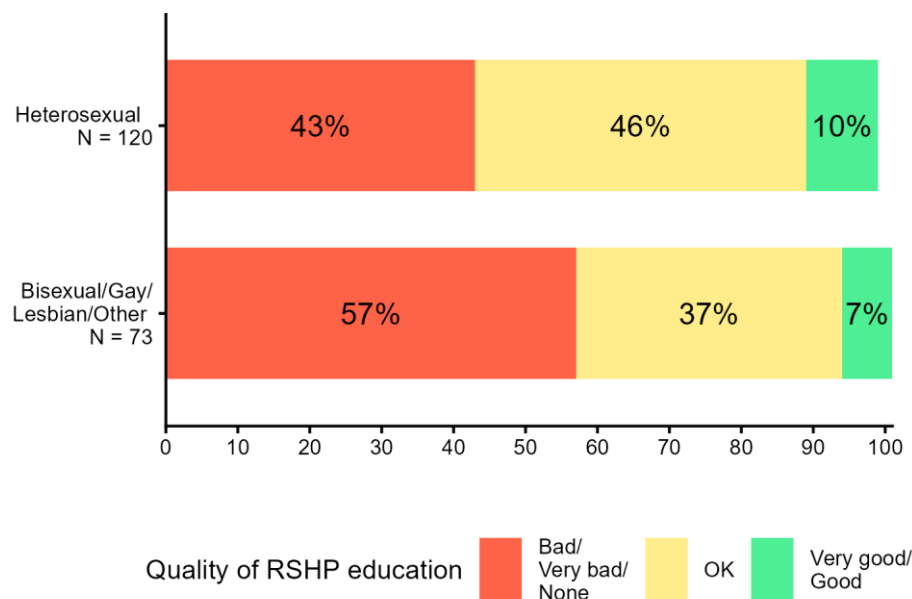


Figure 17. Perceived Quality of RSHP Education among young people by sexual orientation

Base: Young people 18-24 (N unweighted)

INDICATOR 5. Proportion with unmet needs for sexual health services

5.1 Proportion of those who reported risk behaviour (2+ condomless vaginal or anal sex partners) but no STI testing in the last year

Among participants reporting two or more condomless vaginal/anal sex partners in the last year, 63% of women and 45% of men did not receive an STI test (4% of participants who were sexually active in the last 12 months).

Overall, 6% (n=152) of participants reported 2+ condomless vaginal or anal sex partners in the past year. Of this group, 32% reported they did not need to have an STI test, since they were at no risk of getting an STI (see question wording under Figure 18). The latter is plausible due to the broad definition of vaginal and anal sex in the survey (see Appendix 2 for the questionnaire). Of the remainder, 52% (women 63%, men 45%, p=0.09) did not report an STI test in the past year and were therefore defined as having 'unmet need for STI testing' (4% of all participants who were sexually active in the past year).

If those who deemed themselves 'at no risk of getting an STI' are included in the estimate (on the basis that STI risk perception is known to be a poor indicator of actual risk), the proportion of unmet need would rise to 61% overall, of those at risk (68% women and 57% men).

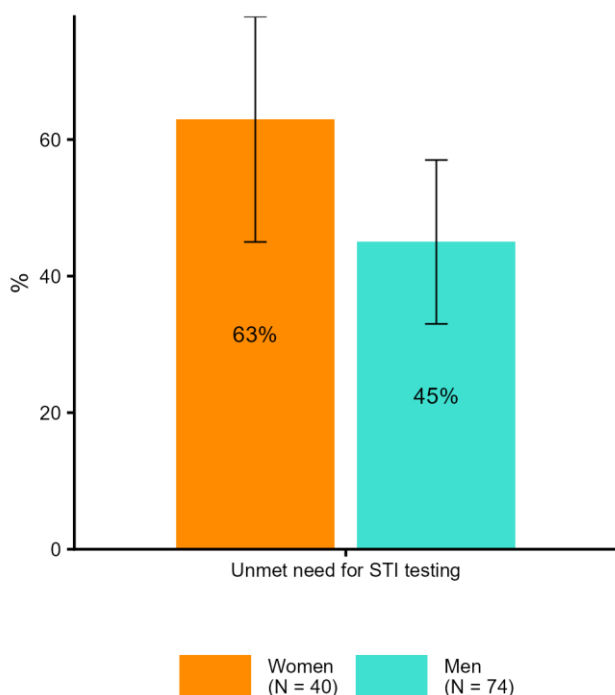


Figure 18. Unmet need for STI testing in the last year, among those in need

Base: Participants in need of STI testing (N unweighted).

Note: 'Those in need' were defined as having 2+ vaginal/anal sex partners with no condom used, excluding those who answered 'I didn't need to- no risk of getting an STI' when asked why they hadn't tested.

Participants were asked: *In the last 12 months, have you been tested for any sexually transmitted infections (STIs)? Include testing at any service e.g. sexual health clinic, GP, online testing service, antenatal services.*

Include tests for chlamydia, gonorrhoea, syphilis, herpes, HIV, etc. Response options: Yes, no, not sure, prefer not to say

Unmet need was 71% among those at need who identified as heterosexual (n=65), and 29% among those at need who identified as lesbian, gay, bisexual or another sexual identity (n=50) (p<0.001).

Those who did not get tested were asked to select the main reason. The options were: *I didn't need to/no risk, low risk; I did not know where to get tested; services were not easy to get to or offered at inconvenient times; it took too long to get an appointment; I did not have symptoms; I was worried about what the test would involve; I was worried about getting results; I was worried about privacy; I did not get round to it.*

The most cited reasons for not getting tested were not having symptoms (41%), low perceived risk (34%), not getting round to it (8%), and inconvenient services (8%). All other reasons were each reported by <5% participants.

5.2 Proportion at risk of pregnancy but not using a reliable method of contraception

Among women at risk of unplanned pregnancy, the prevalence of unmet need for effective contraception was 16%.

Of 1,100 women of reproductive age (18-49), 64% (n=686) were categorised as 'at risk of unplanned pregnancy', defined as sexually active in the last 12 months, currently having penis in vagina sex, not pregnant or trying to conceive, and not sterilised or infertile.

Of these women at risk of unplanned pregnancy, 16% had unmet need because they did not currently use any contraception (7.2%), or used only less-effective methods (8.4%; including emergency contraception (morning-after pill, emergency IUD), withdrawal, fertility awareness methods, or rhythm methods). The proportion not using long-acting reversible contraception (LARC: IUD, hormonal IUS, injection or implant) was 72%.

Unmet need did not differ by relationship status, nor did LARC use.

Among those currently at risk and not using any contraception (n=50), the most cited reason was 'don't want to' (45%), followed by 'other reasons' (43%), and 'can't find a contraceptive method that suits me/my partner' (19%).

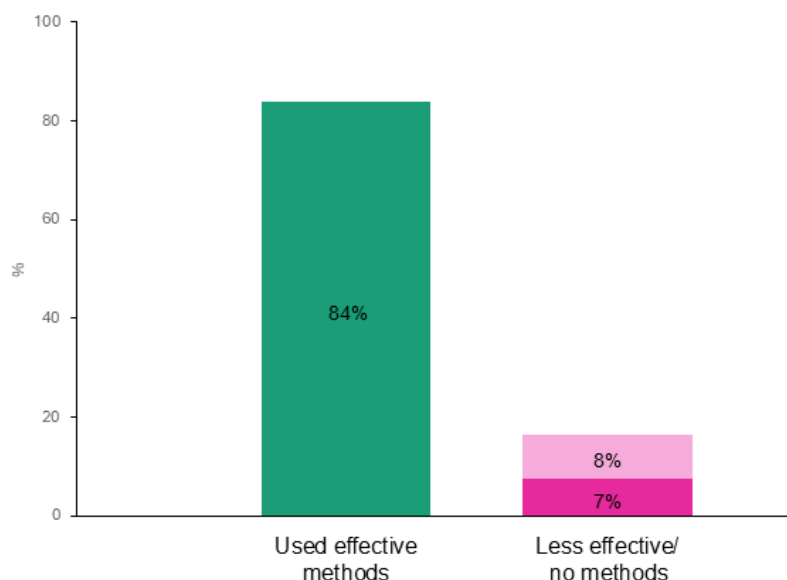


Figure 19. Proportion of unmet need for contraception among women of reproductive age (18-49) at risk of unplanned pregnancy

Base: Women of reproductive age (18-49) at risk of unplanned pregnancy and answered questions about contraceptive methods (N_{unweighted}=625)

Definition of unmet need overall: using no or less effective methods*, among those in need

Question: *From this list, could you tell me which you or any partner currently use together, for any reason? Select all that apply.*

*Emergency contraception (morning-after pill, emergency IUD), withdrawal, fertility awareness methods, or rhythm methods were classified as 'less effective methods'

Condoms, contraceptive pills, hormonal IUS, patches, injections, implants, copper IUDs, and sterilisation/vasectomy were classified as 'effective methods'.

INDICATOR 6. Proportion with access to good professional support for their sexual wellbeing when required

6.1 Proportion who accessed professional services or support on sexual wellbeing (if required) in the last 12 months and needs were met

Participants reporting having ever had a sexual experience (n=3,001) answered a question about whether they had accessed any professional services or support in the last 12 months to help their sexual health and wellbeing. Figure 20 shows the proportions reporting need for professional support on sexual health and wellbeing in the last 12 months, those who accessed help and those whose needs were fully met.

Among the overall sample with sexual experience, 20% reported a need for sexual health and wellbeing services in the past year, 8% accessed a service, and 5% felt their needs were met.

Conversely, 15% of the overall sample had unmet need for sexual wellbeing (did not access despite having need – or accessed but did not have their needs fully met).

There were no gender differences in reported need or in whether needs were met; however, service use was higher among women than men (9% vs. 6%, $p=0.0076$).

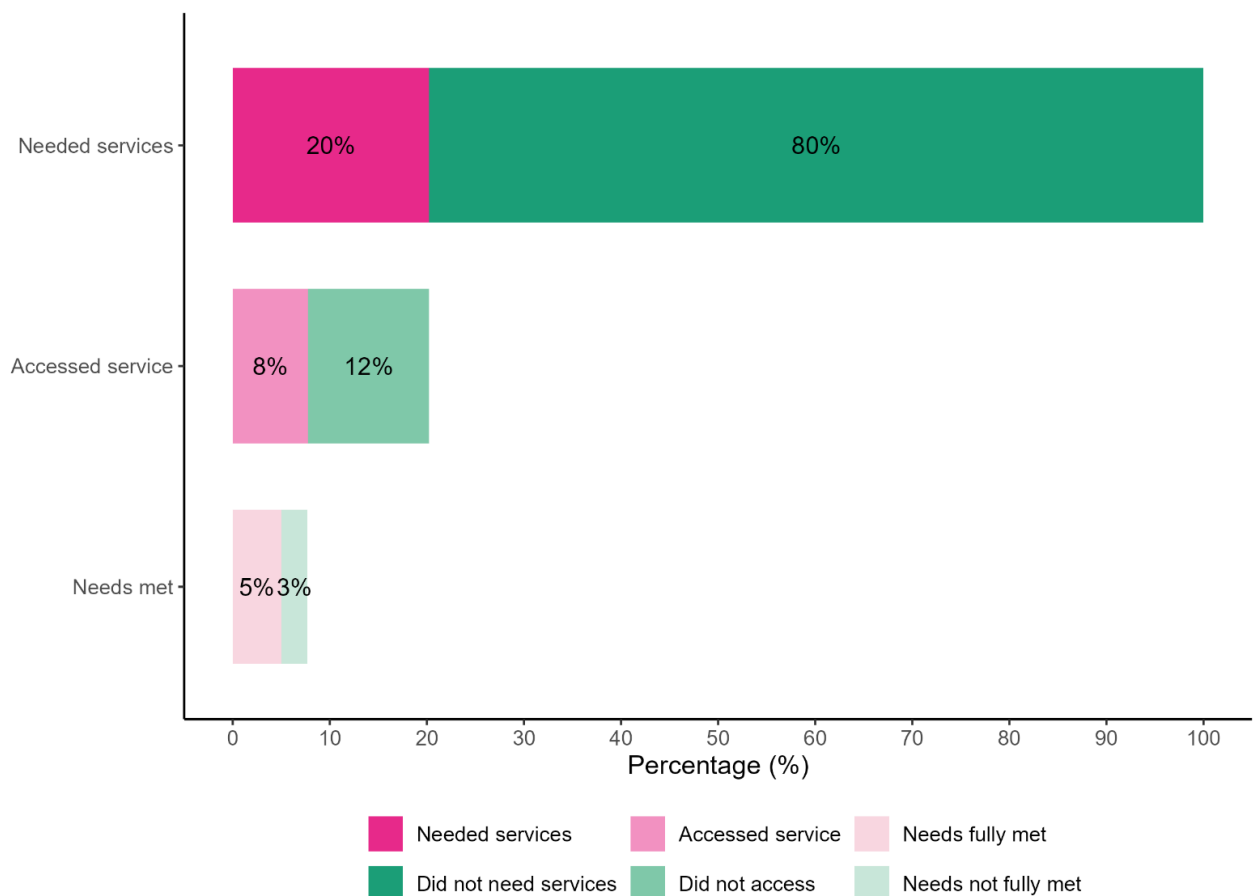


Figure 20. Proportion reporting need for sexual health and wellbeing service or support in the past 12 months, and whether service accessed and needs met.

Base: people with any sexual experiences ($N_{\text{unweighted}}=3,001$)

Participants were asked: *In the last 12 months, have you accessed any professional services or support to help your sexual health and wellbeing? This could include support on relationship issues, how to enjoy sex, feelings about sexual identity/orientation, concerns about use of pornography, testing for sexually transmitted infections (STIs), preventing pregnancy, sexual violence or abuse. Response option: Yes; no - didn't need support; no - would have liked to, but didn't know where to go/tried to access support but couldn't/other.*

How well did the services or support you accessed meet your needs? If you accessed more than one service, think about the service you most recently used. Response options: My needs were fully met/ partially met/ not met

Figure 21 shows the proportions reporting need for professional support on sexual health and wellbeing in the last 12 months, those who accessed help and those whose needs were fully met, by age group. Younger people were more likely to report needing services or support ($p=0.0023$), and were also more likely to report accessing services ($p<0.001$). Among those accessing services, there were no statistically significant differences between age groups in whether their needs were fully met ($p = 0.43$). These findings should be interpreted with caution due to the relatively small number of participants who accessed services overall ($N = 193$).

Unmet need is calculated as the proportion who needed but did not access help plus those who accessed help but whose needs were not met. For example, among 18-24 year olds (Figure 21), the proportion who had need but did not access is 11% (28% minus 17%) and those who accessed services but whose needs were not met is 4% (17% minus 13%), giving an overall proportion of unmet need at 15% (11% plus 4%). Unmet need did not vary significantly by age group ($p=0.57$).

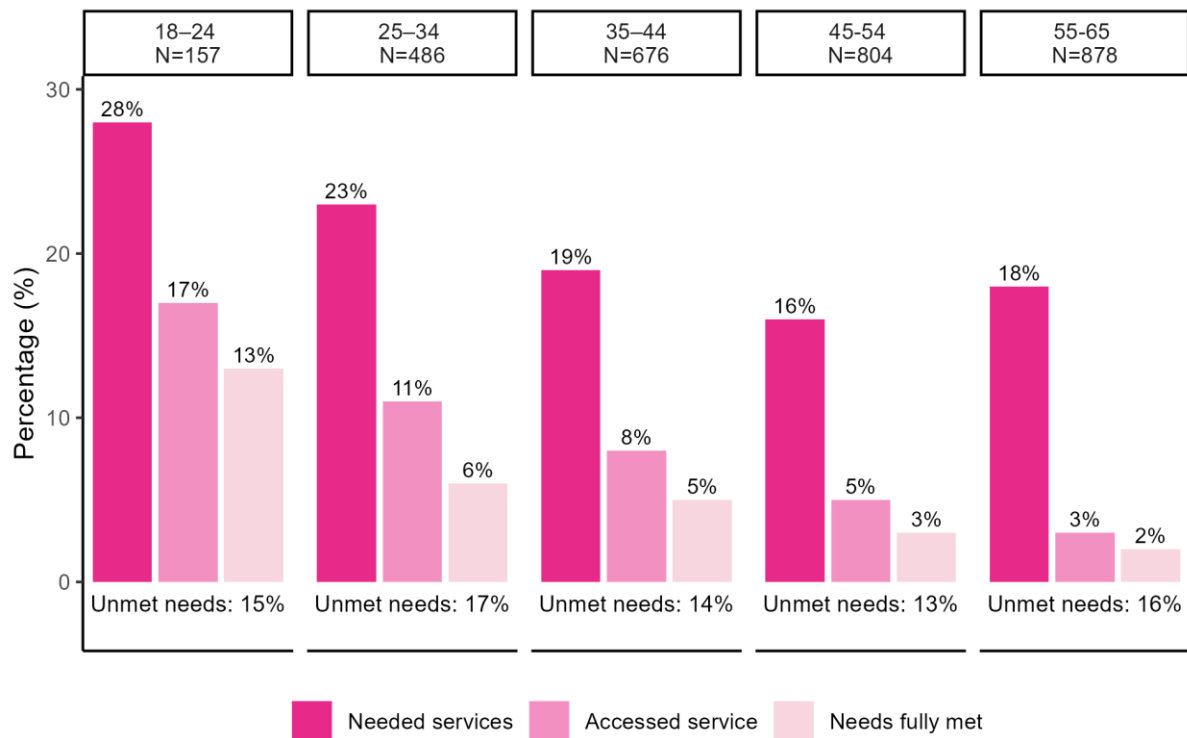


Figure 21. Proportion reporting need for sexual health and wellbeing service or support in the past 12 months, and whether service accessed and needs met, by age group.

Base: people with any sexual experiences (N_{unweighted}=3,001)

Question wording as above.

Among those accessing professional support, the most common types were sexual health or family planning clinic (48%), followed by GP service (33%) (Figure 22).

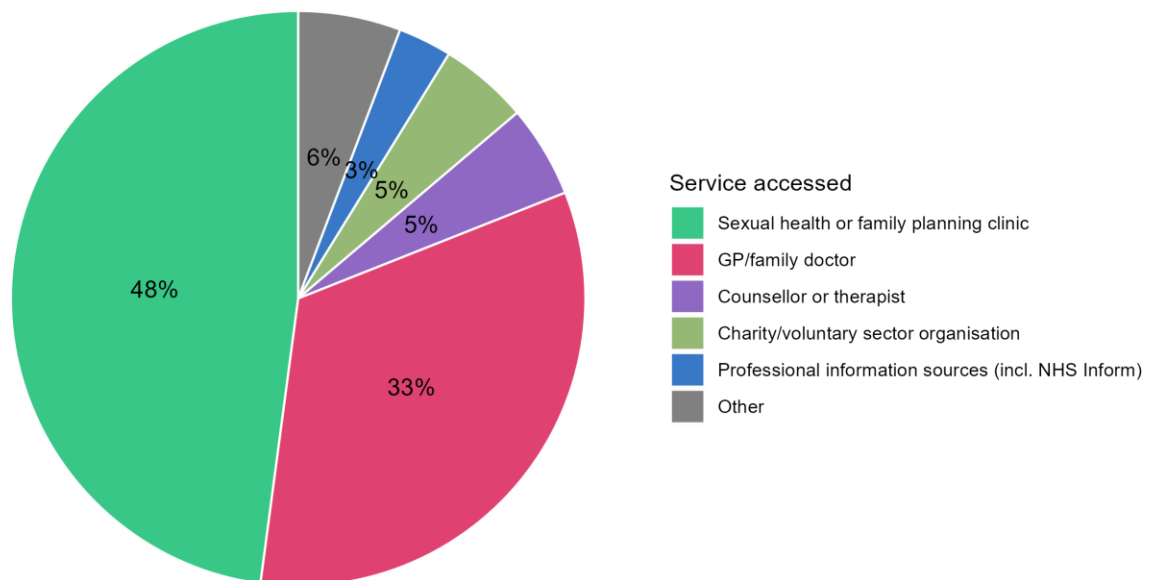


Figure 22. Types of professional services or support accessed.

Base: people who accessed services (N_{unweighted}=194)

Question: *Which of the following did you access? If you accessed more than one service, select the service you most recently used.*

Among those who did not access (n=112) because they didn't know where to go, or tried to access support but couldn't, the main reasons for needing support were sexual difficulties (51%) and to get relationship advice (31%) (Figure 23).

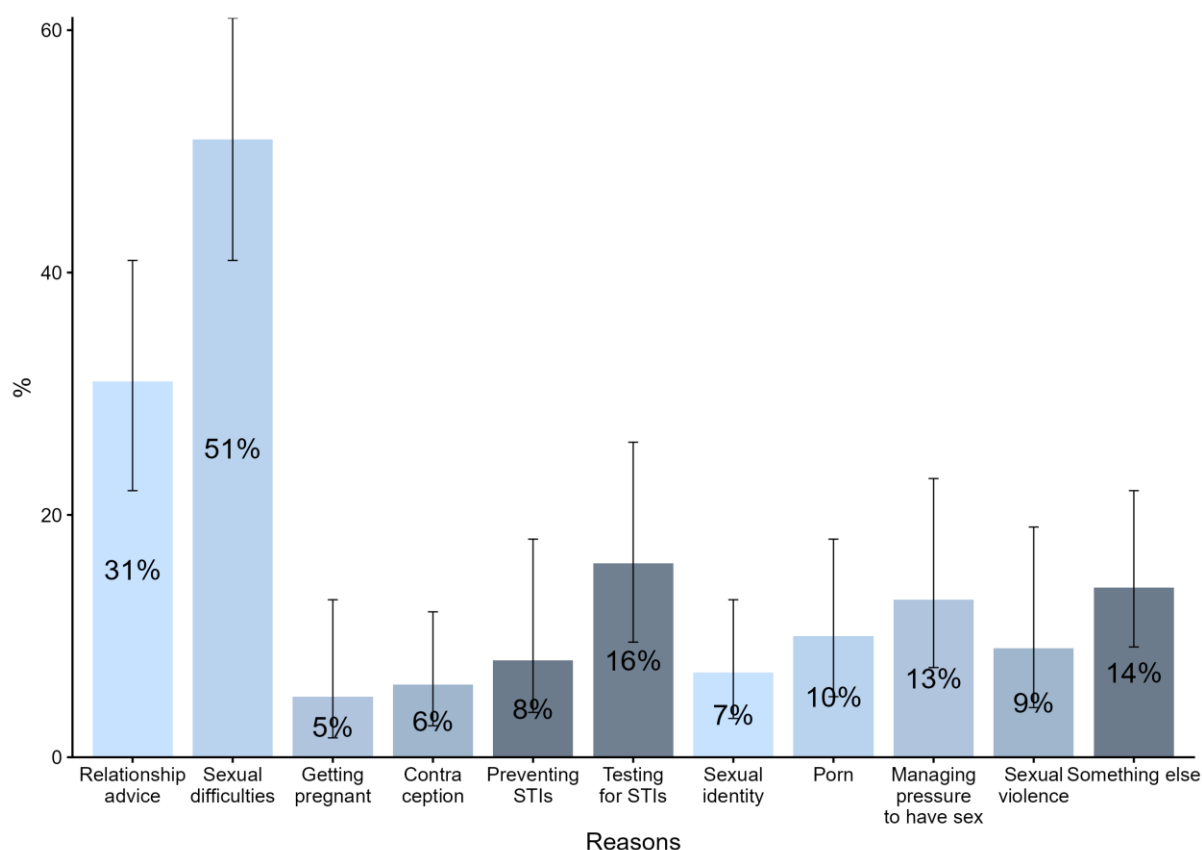


Figure 23. Reasons for needing support among those who did not access a service.

Base: people who were unable to access services (N_{unweighted}=112)

Question: You mentioned that you were unable to access support. What issue or issues were you seeking support for?

Please select from the list below.

Endorsement of attitudes relevant to national sexual wellbeing

The survey asked two attitude questions. These are not part of the monitoring indicators but are useful to assess the prevalence of attitudes relevant to sexual wellbeing (Figure 24). The first asked participants whether they agreed/agreed strongly that 'Someone wearing revealing clothing is seeking sexual attention'. Endorsement of this view is relevant to beliefs about sexual harassment and consent. We found that 10% of women and 18% of men endorsed this view ($p < 0.001$ for difference between men and women). The second asked whether it is OK for someone to have an abortion. Response options were: 'Okay for any reason', 'Okay under certain circumstances', 'always wrong' and 'don't know'. In Figure 24 we show the proportion of women and men agreeing that it is OK for any reason (85% women; 74% men) and okay under certain circumstances (14% of women; 23% of men). Thus, although almost all women and men agree that abortion is okay, women are more likely than men to say that it is okay for 'any reason' and men are more likely than women to say it is only okay under certain circumstances ($p < 0.001$).

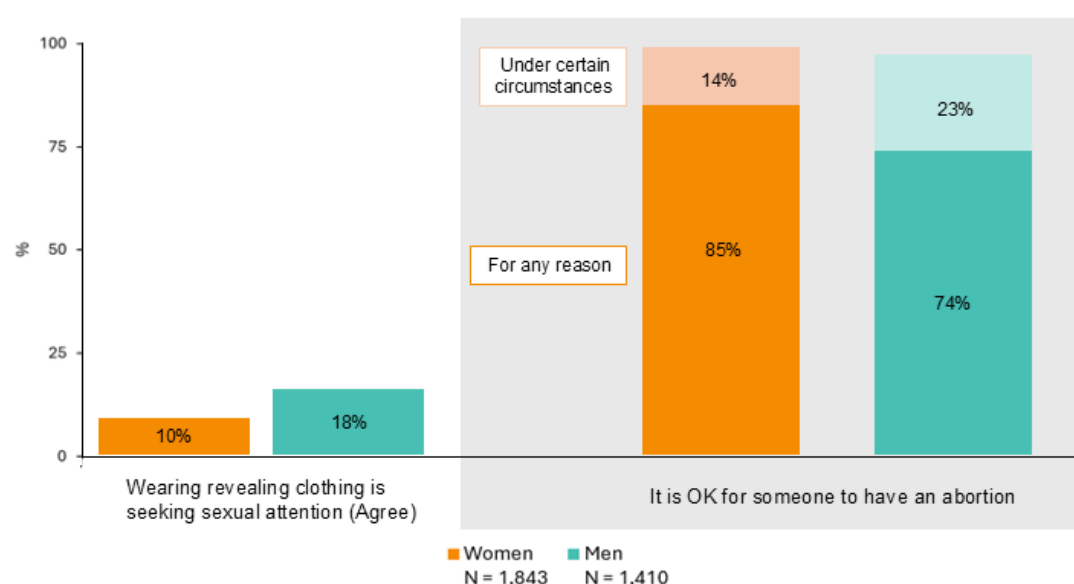


Figure 24. Endorsement of two key attitudes

Base: All (N_{unweighted} = 3,253)

Questions: Which of these statements is closest to your personal view?

Conclusion

This report establishes baseline prevalence on six indicators of national sexual wellbeing. The indicators were designed to capture the national consensus framework for sexual wellbeing defined as ‘feeling respected, safe, at ease and supported, while also having a sense of self-worth and agency in relation to sex and sexuality’. The data come from 3,313 adults aged 18 to 65 who are members of a national non-probability online panel (ScotPulse). Although data were weighted to reflect the most recent Scottish Census (on age, gender and socio-economic group), they should be interpreted with caution given the known limitations of the data source and small numbers in subgroups. Taken together, these findings suggest there is need for improvement, in order for Scotland to be a nation with good sexual wellbeing. In particular, we highlight that: there are inequalities in level of good sexual wellbeing by sexual orientation and ethnicity; one in five sexually minoritised people report unfair treatment, harassment or abuse in Scotland in the last year for reasons relevant to sex/sexuality, while 16-17% of all people reported experiencing negative judgment; 75% of women reported feeling unsafe from all forms of sexual violence outside the home; only 11% of women and 7% of men aged 18-24 rated their Relationships, Sexual Health and Parenthood education at school as good/very good; 63% of women and 45% of men reporting behaviour associated with risk did not receive an STI test; unmet need for effective contraception was 16%; and 15% of the overall sample had an unmet need for sexual wellbeing support (did not access despite having need – or accessed but did not have their needs fully met). These data provide a baseline for setting targets and guiding policy and practice in Scotland.

Appendix

Appendix 1. Sexual Wellbeing Indicators (2026 SHBBV Monitoring plan)

Appendix 2. Sexual Wellbeing Baseline Survey Questionnaire

Appendix 3. Background to development of the Natsal Sexual Wellbeing Measure (Natsal-SW) and scoring information.

Appendix 1. Sexual Wellbeing Indicators (2026 SHBBV Monitoring plan)

Population-level indicators

Outcome 1: Improved sexual wellbeing (adults aged 18-65)

Proposed target: Meaningful increase by 2030

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
<p>Primary: 13-item measure of sexual wellbeing (Natsal-SW)</p> <p>Secondary: Percentage able to talk openly about sex without shame or embarrassment (to sexual partner, close friend, family member, health professional)</p>	Self-report survey.	Online panel survey by ScotPulse (n~3k, aged 18 to 65)	Sexual Wellbeing in Scotland Baseline report (should be repeated every 5 years)	<p>Repeat sexual wellbeing surveys dependent on future funding.</p> <p>Population survey does not include young people <18</p> <p>Relevant items were included in the School Health and Wellbeing census, but future of this survey is uncertain.</p>

Outcome 2: Reduction in the proportion of adults who report (a) being unfairly treated, harassed or abused or (b) feeling negatively judged - in last year, for reasons relevant to sex/sexuality

Proposed target: Meaningful improvement by 2030

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
<p>Primary: % who report being unfairly treated, harassed or abused in last year for reasons relevant to sex/sexuality (e.g. sexual orientation, having an abortion, having an STI, etc.) (Source 1)</p> <p>Primary: % unfairly treated or discriminated against in Scotland in last 12 months AND % personally experienced harassment or abuse in Scotland in the last 12 months for reasons relevant to sexual orientation/trans status including non-binary identities (Source 2)</p> <p>Secondary: % who report feeling negatively judged relevant to sex/sexuality (e.g. sexual orientation, having an abortion, having an STI, etc.) (Source 2)</p>	Self-report survey.	<p>Source 1: Online panel survey by ScotPulse (n~3k, aged 18 to 65)</p> <p>Source 2: Scottish Household Survey</p>	<p>Source 1: Sexual Wellbeing in Scotland Baseline report (should be repeated every 5 years)</p> <p>Source 2: Scottish Household Survey report (annual)</p>	<p>Repeat sexual wellbeing surveys dependent on future funding. Question on discrimination is asked in Scottish Household survey every 2 years.</p>

Outcome 3: Increase in the proportion who feel safe from all forms of sexual violence **Proposed target:** Meaningful increase by 2030

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
<p>Primary Indicator (source 1): % who feel completely safe from sexual assault a) at home and b) outside the home</p> <p>Secondary Indicator (source 2): % reporting experience of indecent exposure/sexual threatening/unwanted sexual touching in last 12 months</p> <p>Secondary Indicator (source 2): % reporting actual/attempted sexual intercourse or sexual activity without consent</p>	Self-report survey.	<p>Source 1: Online panel survey by ScotPulse (n~3k, aged 18 to 65)</p> <p>Source 2: Scottish Crime and Justice Survey</p>	<p>Source 1: Sexual Wellbeing in Scotland Baseline report (should be repeated every 5 years)</p> <p>Source 2: Scottish Crime and Justice Survey report (annual)</p>	<p>Repeat sexual wellbeing surveys dependent on future funding. Scottish Crime and Justice Survey also has self-complete questions on stalking/harassment, partner abuse and sexual victimisation.</p>

Outcome 4: Increase in the proportion of people aged 18 to 24 who say that they received ‘good or very good’ sex education.

Proposed target: Meaningful increase by 2030

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
% of 18–24-year-olds perceiving school-based sex education as good	Self-report survey.	Online panel survey by ScotPulse (n~3k, aged 18 to 65)	Sexual Wellbeing in Scotland Baseline report (should be repeated every 5 years)	<p>Repeat sexual wellbeing surveys dependent on future funding. Only gives indication of quality of sex education ~ 5 years previously. In future, requires ad-hoc evaluations (e.g. in-school pulse surveys) and tracking of refinements to RSHP curriculum (to be developed with partners in Education Scotland).</p>

Outcome 5: Decrease in the proportion with unmet need for sexual health services, including among young people

Proposed target: Meaningful increase by 2030

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
Primary indicator: % reporting risk behaviour (2 plus condomless sex partners) but no STI testing in last year AND Primary Indicator: % at risk of pregnancy but not using a reliable method of contraception	Self-report survey.	Online panel survey by ScotPulse (n~3k, aged 18 to 65)	Sexual Wellbeing in Scotland Baseline report (should be repeated every 5 years)	Repeat SWB surveys dependent on future funding. In future, requires integration into routine clinical systems e.g. NaSH.
% of 15-year-olds using neither contraceptive pill or condom at last intercourse	Self-report survey.	Scottish data from Health Behaviour of School children survey (HBSC)	HBSC report (every 4 years)	Potential other data sources (e.g. Planet Youth Surveys https://www.planetyouth.scot/).

Outcome 6: Proportion of young people (18-24) who report access to good professional support for their sexual wellbeing when required.

Proposed target: Meaningful increase by 2030

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
% accessed professional services or support on sexual wellbeing (if required) in last 12 months and needs were met	Self-report survey.	Online panel survey by ScotPulse (n~3k, aged 18 to 65)	Sexual Wellbeing in Scotland Baseline report (should be repeated every 5 years)	Repeat SWB surveys dependent on future funding. Young people <18 not represented.

Institutional reporting indicators

Outcome 7: Proportion of staff in key sectors introduced to concept of sexual wellbeing and trained to embed sexual wellbeing in their work.

Proposed target: Introductory video included in staff training of 5 organisations; In at least 3 key institutions, 10% of staff trained

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
<p>Primary Indicator: % of staff in relevant organisations who have viewed Introductory video on sexual wellbeing</p> <p>Secondary Indicator: Number of staff who have received training on sexual wellbeing relevant to their job.</p>	Aggregate from Institutional reporting.	Reporting by NHS boards, Education sector leads, Police leads, Third sector reps on SHBBV strategic Leads group, Other sector leads (e.g. social services)	Tbc	Introductory video is now available. Further resources are in development. Requires embedding work in relevant institutions.

Outcome 8: Number of national/large-scale activities and policy initiatives with sexual wellbeing as an intended outcome

Proposed target: At least 5 key national/large-scale policies or programmes undertaken

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
<p>Number of policy or programme activities which include sexual wellbeing as an intended outcome.</p> <p>For each recorded activity, brief description of activity and any evaluation information.</p>	Narrative synthesis of Institutional reporting.	Reporting by NHS boards, Education sector leads, Police leads, Third sector reps on SHBBV strategic Leads group, Other sector leads (e.g. social services)	Tbc	Reporting proforma to be developed. Requires communication with relevant sectors.

Outcome 9: Improvements in national policy-legal frameworks that provide structural support for population sexual wellbeing**Proposed target:** By 2030, at least 3 new policy or legal changes that provide structural support to sexual wellbeing AND none that harm

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
Number of new policy or legal changes that build structural support for population sexual wellbeing (balanced against any new policy or legal changes with potential to worsen population sexual wellbeing)	Analysis of recent policy and legal changes with potential impact on sexual wellbeing. Examples include Abortion Safe Access Zones, Online Safety Bills. Includes tracking of UK/international policies that affect Scotland and media coverage of policies.	UK and Scottish Government websites / media coverage	Tbc	Requires resource to track and collate.

Outcome 10: Successful implementation of national strategies and third sector campaigns with potential to positively impact sexual wellbeing**Proposed target:** By 2030, at least 5 campaigns/initiatives/programmes that support sexual wellbeing have been completed

Indicator *relates to proxy measure	Approach	Data source	Publication source	Developments and gaps
Number of completed campaigns/executed strategies	Systematic tracking of plans, strategies and their evaluations, including tracking of gaps / Self-report survey.	Strategy documents such as Equally Safe, Women's Health Plan, Mental Health and Wellbeing Strategy, HIV Stigma campaign / Questionnaire to Third Sector organisations	Tbc	Requires resource to track and collate.

Appendix 2. Sexual Wellbeing Baseline Survey Questionnaire

University of Glasgow
The Scottish National Survey of Sexual Health and Wellbeing
Questionnaire - FINAL
28.08.25

SURVEY TITLE: National Study of Sexual Wellbeing

The University of Glasgow (the “University”) is carrying out an important Scotland-wide research project about sexual wellbeing. ScotPulse along with its partner market research agency, Progressive Partnership is assisting the University by conducting a survey on its behalf.

The survey is for adults aged 18 to 65 and asks about health, relationships, and experiences relating to sex. You can take part no matter what your background or experience is. The survey is funded by Scottish Government as part of their Sexual Health and Blood Borne Virus Strategy 2023-2026. The information collected in this survey will be used to improve sexual and reproductive health services in Scotland.

Taking part is voluntary. Some of the questions may feel quite personal. Please answer them as accurately as you can. You can skip questions if you do not wish to answer them, and you can stop the survey at any time. Whilst we do not expect these questions to distress most people, if you feel that these survey questions may trigger upsetting thoughts or feelings, please do not proceed with this survey. Please note that you can exit this survey at any time by closing your browser.

There are no ‘right’ or ‘wrong’ answers and we are not judging the choices people make; we are simply trying to understand how people feel about experiences related to sex and sexuality. It will not be possible for the University or Progressive Partnership to identify you from the results of the survey that ScotPulse shares. Researchers analysing the data will NOT have access to any identifying information such as your name or date of birth.

The anonymous survey dataset will be retained by the University for at least 10 years, in line with university policies. The dataset will be archived in a repository for future research and learning. It will not be possible to identify individuals from this dataset.

If you would like to contact anyone about the survey, please email: info@scotpulse.com.

You can read ScotPulse’s full privacy notice by clicking the link below. This explains how ScotPulse will process your personal data
<https://www.scotpulse.com/privacy-policy>

If you wish to withdraw from the survey, you can contact ScotPulse directly for up to 10 days after the survey end date. After this, ScotPulse will remove all unique identifiers from the survey and it will no longer be possible to withdraw.

SCREENER/QUOTA QUESTIONS

ASK ALL

SQ1. Age – from ScotPulse data – 18-65

SQ2. Which of the following describes how you think of yourself?

Please select one answer only

SINGLE CODE	Code
Man	1
Woman	2
In another way	3

SQ3. Which of the following groups does the Chief Income Earner in your household belong to?

The Chief Income Earner is the person in the household with the largest income, regardless of how this income is obtained. If the Chief Income Earner is retired and has an occupational pension, please select according to the previous occupation. If the Chief Income Earner is not in paid employment and has been out of work for less than 6 months, please select according to previous occupation.

SINGLE CODE	Code
Semi or unskilled manual worker (e.g. manual jobs that require no special training, e.g. park keeper, non-HGV driver, shop assistant etc.)	1
Skilled manual worker (e.g. skilled bricklayer, carpenter, plumber, painter, bus driver, HGV driver, unqualified assistant teacher, pub/bar worker, etc.)	2
Supervisory or clerical/junior managerial/professional/administrator (e.g. office worker, student doctor, foreman with 25+ employees, sales person, student teachers etc.)	3
Intermediate managerial/professional/administrative (e.g. newly qualified (under 3 years) doctor/solicitor, board director small organisation, middle manager in large organisation, principal officer in Civil Service/local government etc.)	4
Higher managerial/professional/administrative (e.g. established doctor, solicitor, board director in large organisation (200+ employees), top level civil servant/public service employee, head teacher, etc.)	5
Student	6
Retired and living on state pension only	7
Unemployed (for over 6 months) or not working due to long term sickness	8
Prefer not to say	CLOSE

CODED AS FOLLOWS: A=5; B=4; C1=3,6; C2=2; D=1; E=7,8

ALL RESPONDENTS TO BE AGE 18-65 AND SQ3 (codes 1-8).

DEMOGRAPHICS AND HEALTH

The first set of questions ask about you. This information will help us understand how people's experiences vary.

ASK ALL

How is your health in general?

SINGLE CODE / INVERT SCALE	Code
Very good	1
Good	2
Fair	3

Bad	4
Very bad	5
Prefer not to say	6

ASK ALL

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

SINGLE CODE	Code
Yes	1
No	2
Prefer not to say	3

ASK IF Q2=1

2a. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

SINGLE CODE	Code
Yes, a lot	1
Yes, a little	2
Not at all	3
Prefer not to say	4

The next questions are about your mood and feelings about life in general.

ASK ALL

Over the **last two weeks**, how often have you been bothered by the following problems?

SINGLE CODE / INVERT SCALE	Not at all	Several days	More than half of days	Nearly every day	Prefer not to say
a) Little interest or pleasure in doing things	1	2	3	4	5
b) Feeling down, depressed or hopeless	1	2	3	4	5
c) Feeling nervous, anxious or on edge	1	2	3	4	5
d) Not being able to stop or control worrying	1	2	3	4	5

ASK ALL

How would you describe your current relationship status?

SINGLE CODE	Code
Living with a partner	1
In a steady relationship, not living together	2
Dating/in a new relationship	3
Single	4
Other	5
Prefer not to say	6

ASK ALL

Which option best describes how you think of yourself?

SINGLE CODE	Code
Heterosexual or straight	1
Gay or lesbian	2

Bisexual	3
Other	4
Prefer not to say	5

ASK ALL

Do you consider yourself to be trans, or have a trans history?

‘Trans’ is a term used to describe people whose gender is not the same as the sex they were registered at birth.

SINGLE CODE	Code
No	1
Yes (e.g. non-binary, trans woman, trans man)	2
Prefer not to say	3

ASK IF Q6=2

6a. If you would like to, please describe your trans status (for example, non-binary, trans man, trans woman)

COMFORT TALKING ABOUT SEX

The next questions are about your sexual experiences. Some are asked so we can make sure you only see questions that are relevant to you.

As a reminder, your participation is entirely voluntary, and the answers people provide will be combined so that no individuals can be identified. You can skip any questions you do not want to answer by selecting ‘prefer not to say’.

At the end of the survey, you will be shown a list of organisations you can contact if you would like help or wish to talk to someone about anything raised.

ASK ALL

Q6b. To what extent do you agree or disagree with the following statement?

I can talk openly about sex with...

Please select the option that best matches how you feel. If a situation does not apply to you, select not applicable.

SINGLE CODE/ RANDOMISE	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable	Prefer not to say
a) My sexual partner(s)	1	2	3	4	5	6	7
b) Close friends	1	2	3	4	5	6	7
c) A family member (e.g. parent, sibling)	1	2	3	4	5	6	7
d) A health professional	1	2	3	4	5	6	7

BEHAVIOUR – SEX FREQUENCY, RISK (CONTEXT)

ASK ALL

Have you ever had **any** kind of sexual experience or sexual contact with another person? This includes anything that felt sexual to you. It could be kissing or touching, or intercourse or any other form of sex.

SINGLE CODE	Code
Yes	1
No	2
Prefer not to say	3

ASK IF Q7=1

Have you ever had **sex** with another person involving genital contact? That is, oral, vaginal, or anal sex, or any other contact involving the genital area.

HELP SCREEN: What do these terms mean?

ORAL SEX (oral sexual intercourse): A person's mouth on a partner's genital area.

VAGINAL SEX: Inserting something, e.g. a penis, finger, hand, sex toy, or something else into a partner's vagina.

ANAL SEX: Inserting something, e.g. a penis, finger, hand, sex toy, or something else into a partner's anus (rectum or back passage).

OTHER GENITAL CONTACT: For example, stimulating by the genital area by finger or hand.

SINGLE CODE	Code
Yes	1
No	2
Prefer not to say	3

ASK IF Q8=1

Was this person/these people...

Please select all that you have ever had sex with. That is, oral, vaginal, or anal sex, or any other contact involving the genital area.

MULTI-CODE POSSIBLE	Code
Male	1
Female	2
Transgender or non-binary	3
Prefer not to say	4

ASK IF Q8=1

Altogether, in the last 12 months, **how many people** have you had sex with?

Please include oral, vaginal, anal sex, or other contact involving the genital area.

Please give your best estimate if you can't remember exactly.

Please type in the number in the last 12 months, '0' if none.

HELP SCREEN [show again]

_____ [Range: 0...998]

Prefer not to say

ASK IF (Q9=4 or multi-code) AND Q10>0

Was this person/these people...

Select all that you have had sex with in the last 12 months

MULTI-CODE POSSIBLE	Code
Male	1
Female	2
Transgender or non-binary	3
Prefer not to say	4

ASK IF Q10>0 (had sex in the last 12 months)

You previously said that in the 12 months, you have had sex with [value from Q10] people. How many of these people have you had vaginal or anal sex with in the last 12 months **without using a condom**?

Please type in the number, '0' if none.

Please estimate if you can't remember exactly.

_____ [Range: 0...998]

Prefer not to say

ASK IF Q10>0 (had sex in the last 12 months)

On how many **occasions** in the last **4 weeks** have you had sex with someone?

This means oral, vaginal or anal sex or any other contact involving the genital area.

Please estimate if you can't remember exactly.

Type in the number of occasions in the last **4 weeks**.

_____ [Range: 0...998]

Prefer not to say

SEXUAL WELLBEING

The next set of questions ask about your sexual wellbeing. The questions are personal; please take your time and remember that you don't have to answer questions you find difficult.

You can answer these questions even if you have not had sex with another person.

ASK IF Q7=1

Sexual wellbeing means feeling respected, safe, and at ease about sex and sexual feelings, and valuing yourself as a sexual person. It also means feeling you can make your own decisions about sex and sexuality and can get support if needed.

On a scale of 1 (very low) to 5 (very high) how would you rate your sexual wellbeing in the last 4 weeks?

SINGLE CODE	Code
1 – very low	1
2	2
3	3
4	4
5 – very high	5
Prefer not to say	6

The next set of questions ask about your sexual wellbeing in the **last 4 weeks**.

We use the term '**sex life**', which includes your sexual thoughts, sexual feelings, sexual activity and sexual relationships.

ASK IF Q7=1

Thinking about your sex life over **the last 4 weeks**, please read the statements below carefully and tell us to what extent you agree or disagree.

SINGLE CODE	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
a) I feel comfortable with my sexual identity and preferences	1	2	3	4	5	6
b) I feel in control of my sexual thoughts and desires	1	2	3	4	5	6
c) People close to me accept my sexual identity and preferences	1	2	3	4	5	6
d) Some of my sexual thoughts and desires make me feel ashamed	1	2	3	4	5	6
e) My sex life is pleasurable	1	2	3	4	5	6
f) I have someone I can talk to openly about my sex life	1	2	3	4	5	6
g) In the last four weeks, I have felt upset with myself about mistakes I made in my sexual past	1	2	3	4	5	6
h) In the last four weeks, I have felt upset with others about things they did to me in my sexual past	1	2	3	4	5	6
i) I worry about what might happen to me in my future sex life	1	2	3	4	5	6

ASK IF Q7=1

The following question uses the term 'sexual activities'. This includes activities that you do on your own (such as masturbation) or with another person (such as kissing, touching, oral, anal or vaginal sex).

Thinking about your sex life **over the last four weeks**, please read the statement below carefully and tell us to what extent you agree or disagree.

SINGLE CODE	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I only do sexual activities that I really want to do	1	2	3	4	5	6

The following questions use the term sex. For these questions, please include vaginal, oral, anal sex, or any other contact involving the genital area

ASK IF Q13>0 (had sex in the last 4 weeks)

Thinking about the time(s) you had sex over the last four weeks, please read the statements below carefully and tell us to what extent you agree or disagree.

SINGLE CODE	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
a) I felt able to be 'in the moment' and focused during sex	1	2	3	4	5	6
b) I had unwanted thoughts during sex	1	2	3	4	5	6
c) During sex, I felt vulnerable when I did not want to be	1	2	3	4	5	6

SUPPORT FOR SEXUAL HEALTH AND WELLBEING

ASK IF Q7=1

In the last 12 months, have you accessed any **professional services or support** to help your sexual health and wellbeing?

This could include support on relationship issues, how to enjoy sex, feelings about sexual identity/orientation, concerns about use of pornography, testing for sexually transmitted infections (STIs), preventing pregnancy, sexual violence or abuse.

SINGLE CODE	Code
Yes	1
No – didn't need support	2
No – would have liked to, but didn't know where to go	3
No – tried to access support, but couldn't	4
No – other	5
Prefer not to say	6

ASK IF Q18=1

Which of the following did you access?

If you accessed more than one service, select the service you most recently used.

SINGLE CODE / RANDOMISE	Code
GP/family doctor	1
Sexual health or family planning clinic	2
Counsellor or therapist	3
Charity/voluntary sector organisation	4
Professional information sources (including online sources such as NHS Inform)	5
Other	6
Prefer not to say	7

ASK IF Q18=1

How well did the services or support you accessed meet your needs?

If you accessed more than one service, think about the service you most recently used.

SINGLE CODE	Code
My needs were fully met	1
My needs were partially met	2
My needs were not met	3
Don't know	4
Prefer not to say	5

ASK IF Q18=(3,4)

You mentioned that you were unable to access support. What issue or issues were you seeking support for? Please select from the list below.

MULTI CODE POSSIBLE	Code
Relationship advice	1
Sexual difficulties (e.g. erectile dysfunction or painful sex)	2
Getting pregnant or fertility	3
Contraception or birth control	4
Abortion	5
Preventing sexually transmitted infections (STIs)	6
Testing for sexually transmitted infections (STIs)	7
Sexual identity or orientation	8
Pornography use	9
Managing pressure to have sex	10
Sexual violence or abuse	11
Something else (please specify)	12
None of these	13
Prefer not to say	14

ASK IF Q7=1

In the last 12 months, have you accessed **informal support** to help your sexual health and wellbeing?

Informal support could include friends, family, social media, online discussion forums.

This could include support on relationship issues, how to enjoy sex, feelings about sexual identity/orientation, concerns about use of pornography, testing for sexually transmitted infections (STIs), preventing pregnancy, sexual violence or abuse.

SINGLE CODE	Code
Yes and it fully met my needs	1

Yes but it did not fully meet my needs	2
No – didn't need support	3
No – would have liked to, but didn't know who to ask or where to look	4
No – would have liked to, but I found it too difficult to ask	5
No – other	6

MARGINALISATION-STIGMA

ASK ALL

Have you been **unfairly treated, harassed or abused** in Scotland in the last 12 months, for any of the following reasons?

MULTI CODE	Code
Sexual orientation or identity	1
Sexual behaviours or preferences	2
Having a Sexually Transmitted Infection (STI)	3
Having an abortion	4
Other aspect of my sexuality or sexual health, please specify	5
One or more of the above, do not wish to say which	6
None of these	7

ASK ALL

Have you felt **negatively judged** in Scotland in the last 12 months for any of the following reasons?

This includes any situation where you felt others disapproved of you, even if they did not say so directly.

MULTI CODE	Code
Sexual orientation or identity	1
Sexual behaviours or preferences	2
Relationship status (e.g. divorced, single, married)	3
Not having had sex	4
Use of pornography	5
Having a Sexually Transmitted Infection (STI)	6
Having an abortion	7
Other aspect of my sexuality or sexual health, please specify	8
One or more of the above, do not wish to say which	9
None of these	10

CONTRACEPTION & STI TESTING

The next questions are about other topics relating to sex and health.

ASK IF Q10>0 (had sex in the last 12 months)

From this list, could you tell me which you or **any** partner currently use together, for any reason?
Select all that apply.

MULTI CODE	Code
None	
Does not apply – not having penis in vagina sex [EXCLUSIVE]	1

No method used currently [EXCLUSIVE]	2
Barrier	
Condom	3
Hormonal	
Contraceptive pill	4
Hormonal IUS (e.g. Mirena, Jaydress, Kyleena, Levosert)	5
Contraceptive patch (e.g. EVRA)	6
Injections	7
Implants	8
Emergency	
Emergency contraceptive pill/morning after pill	9
Emergency copper coil/intra-uterine device (IUD)	10
Other	
Copper coil/intra-uterine device (IUD)	11
Sterilisation/vasectomy (myself or partner)	12
Safe period/calendar method/rhythm method	13
Withdrawal (not ejaculating in a partner's mouth, vagina, or anus)	14
Fertility awareness apps or devices	15
Other method of protection, please specify _____	16
Prefer not to say	17

ASK IF Q26=2

Why aren't you using contraception at the moment?

Select all that apply.

MULTI CODE / RANDOMISE	Code
Trying to conceive	1
Can't find a contraceptive method that suits me/my partner	2
Can't get hold of the contraception I need/my partner needs	3
I/my partner can't get pregnant	4
I am/my partner is currently pregnant	5
I've been/my partner has been sterilised	6
Forgot	7
Don't want to	8
Other	9
Prefer not to say	10

ASK IF Q10>0 (had sex in the last 12 months)

In the last 12 months, have you been tested for any sexually transmitted infections (STIs)?

Include testing at any service e.g. sexual health clinic, GP, online testing service, antenatal services.

Include tests for chlamydia, gonorrhoea, syphilis, herpes, HIV, etc.

SINGLE CODE	Code
Yes	1
No	2
Not sure	3
Prefer not to say	4

ASK IF Q28=2 (no test) and Q12>2 (reported 2+ anal/vaginal sex partners with no condom used in the last year)

What is the **main reason** you did not have a test for sexually transmitted infections (STIs) in the last 12 months?

Please select the main reason from the list below.

SINGLE CODE / RANDOMISE	Code
I didn't need to (no risk of getting an STI)	1
I didn't need to (low risk of getting an STI)	2
I did not know where to get tested	3
The services were not easy to get to or offered at inconvenient times	4
It took too long to get an appointment	5
I didn't have symptoms	6
I was worried about what the test would involve	7
I was worried about getting the result	8
I was worried about privacy, feeling embarrassed, or being judged	9
I did not get round to it	10
Other, please specify _____	11

SAFETY & SEXUAL ASSAULT

ASK ALL

This next section is short but it may feel personal as the questions are about how safe you feel from sexual assault.

Please remember that your answers are strictly confidential. Your information will be grouped with others in a way that does not identify you when we report the results.

SASQ1. You can skip any question by selecting 'Prefer not to answer'. If you would rather not answer this section, please click on 'skip this section'.

SINGLE CODE	Code
Continue	1
Skip this section	2

ASK IF SASQ1=1

At home, how safe do you typically feel from sexual assault?

SINGLE CODE	Code
Not at all safe	1
Somewhat unsafe	2
Somewhat safe	3
Completely safe	4
Don't know	5
Prefer not to say	6

ASK IF SASQ1=1

Outside your home, for example, at work or on the street, how safe do you typically feel from sexual assault?

SINGLE CODE	Code
Not at all safe	1
Somewhat unsafe	2
Somewhat safe	3
Completely safe	4
Don't know	5
Prefer not to say	6

Thank you for completing this section. We realise that these topics may raise difficult feelings and concerns. There are a number of organisations that can help you with this and we encourage you to contact them if you need help or wish to talk to someone about anything in these questions or if you want to make a report.

You can view a list of contact details for organisations at the end of this survey.

ATTITUDES

The next questions are about your views.

ASK ALL

Please choose the option that best matches your view to the following statement.....Someone wearing revealing clothing is seeking sexual attention.

SINGLE CODE / INVERT SCALE	Code
Agree strongly	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Disagree strongly	5
Depends	6
Don't know	7
Prefer not to say	8

ASK ALL

Which of these statements is closest to your personal view?

SINGLE CODE / INVERT SCALE	Code
It is okay for someone to have an abortion/terminate a pregnancy for any reason if they want to	1
It is only okay for someone to have an abortion/terminate a pregnancy under certain circumstances	2
It is always wrong for someone to have an abortion/terminate a pregnancy, regardless of circumstances	3
Don't know	4
Prefer not to say	5

ASK ALL

How would you rate the quality of the relationships and sex education you received at school, as a whole?

SINGLE CODE / INVERT SCALE	Code
Very good	1
Good	2
OK	3
Bad	4
Very bad	5
I did not receive any relationships and sex education at school	6
Prefer not to say	7

FINAL DEMOGRAPHICS

The final questions are to help us understand a bit more about you.

ASK ALL

Which, if any, of the following qualifications do you have?

MULTI CODE POSSIBLE	Code
School leaving certificate, National Qualification Access Unit	1
O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent	2
GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC/National Certificate Module, City and Guilds Craft, RSA Diploma or equivalent	3
Higher Grade, Advanced Higher, CSYS, A Level, AS Level, Advanced Senior Certificate or equivalent	4
GNVQ/GSVQ Advanced, SVQ Level 3, ONC, OND, SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	5
HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent	6
First Degree, Higher Degree, SVQ Level 5 or equivalent	7
Professional qualifications e.g., teaching, accountancy	8
Other school examinations not already mentioned	9
Other post-school but pre Higher education examinations not already mentioned	10
Other Higher education qualifications not already mentioned	11
No qualifications	12
Prefer not to say	13

ASK ALL

Which of the following best describes your current working status?

SINGLE CODE	Code
Working full time (30 or more hours per week)	1
Working part time (8-29 hours per week)	2
Working part time (less than 8 hours per week)	3
Full time student	4
Retired	5
Unemployed	6
Not working for other reasons (e.g. looking after family, ill etc.)	7
Other	8
Prefer not to say	9

ASK ALL

Which of these groups do you consider yourself to belong to?

SINGLE CODE	Code
A - White	
Scottish	1
Other British	2
Irish	3
Polish	4
Gypsy/Traveller	5
Roma	6
Showman/Showwoman	7
Other white ethnic group, please write in _____	8
B - Mixed or multiple ethnic groups	
Any mixed or multiple ethnic groups, please write in _____	9
C - Asian, Scottish Asian or British Asian	
Pakistani, Scottish Pakistani or British Pakistani	10
Indian, Scottish Indian or British Indian	11
Bangladeshi, Scottish Bangladeshi or British Bangladeshi	12
Chinese, Scottish Chinese or British Chinese	13
Other, please write in _____	14
D - African, Scottish African or British African	
Please write in (for example, Nigerian, Somali) _____	15
E – Caribbean or Black	
Please write in (for example, Scottish Caribbean, Black Scottish) _____	16
F - Other Ethnic background	
Arab, Scottish Arab or British Arab	17
Other please write in (for example, Sikh, Jewish) _____	18
Prefer not to say	19

SURVEY EXIT PAGE

Thank you for taking the time to complete this survey.

We appreciate your time in helping us understand the current level of sexual wellbeing in Scotland. The information collected in this survey will be used to improve sexual and reproductive health services in Scotland.

If you would like to speak to someone about your sexual or reproductive health, you may wish to contact one of the organisations and services below.

SOURCES OF ADVICE AND HELP

	Contact
Your registered GP can provide consultation and referrals	You can find a GP on the NHS website : https://www.nhs24.scot/find-a-service/gp-practices/
National health helplines Provides sexual health information, support and referrals	Scotland 0800 2244 88 (open Monday–Friday, 8am–10pm, Saturday and Sunday 9am–5pm) https://www.nhsinform.scot/

SH:24 A free online sexual health service providing STI test kits, contraception, and advice to 20 regions of the UK	https://sh24.org.uk/ (open 24hr)
Terrence Higgins Trust HIV postal test kits, condoms by post, and emotional support around sexual health and HIV.	https://www.tht.org.uk/ 0808 802 1221 (Open 10am-6pm Monday to Friday, and 10am-1pm Saturday and Sunday)
Marie Stopes International Provides information and access to contraception and home abortion medication. As well as counselling support.	0845 300 8090 (open 24hr) www.mariestopes.org.uk
Samaritans Provides support on any issue of concern	116 123 (open 24hr) www.samaritans.org
Switchboard (LGBT+) Provides support and referral services to LGBT+ people	0300 330 0630 (open 10am-10pm) Or chat through their website: https://switchboard.lgbt
Rape Crisis Provides emotional support and help for victims of rape and sexual assault	Scotland 08088 01 0302 (open 6pm to midnight) https://www.rapecrisisscotland.org.uk/
National Domestic Violence Helpline Provides support and information to women experiencing domestic violence.	0808 2000 247 (open 24hrs) Or chat through their website Monday to Friday, 3pm – 6pm. www.nationaldomesticviolencehelpline.org.uk
Men's advice line Provides advice and support for all men experiencing domestic violence	0808 801 0327 (open Monday and Fridays 9am - 8pm. Tuesday, Wednesday and Thursday 9am-5pm) Or chat through their website Wednesday, Thursday and Friday – 10 – 11am and 3 – 4pm www.mensadvice.org.uk

Appendix 3. Background to development of the Natsal Sexual Wellbeing Measure (Natsal-SW) and scoring information.

Statements in the Natsal-SW measure.

Participants are asked to agree/disagree with statements (5 response options). Statements in orange are only shown to participants reporting sexual activity in the past four weeks. (<https://pubmed.ncbi.nlm.nih.gov/38127808/>)

• I feel comfortable with my sexual identity and preferences
• I feel in control of my sexual thoughts and desires
• People close to me accept my sexual identity and preferences
• Some of my sexual thoughts and desires make me feel ashamed
• My sex life is pleasurable
• I have someone I can talk to openly about my sex life
• In the last four weeks, I have felt upset with myself about mistakes I made in my sexual past
• In the last four weeks, I have felt upset with others about things they did to me in my sexual past
• I worry about what might happen to me in my future sex life
• I only do sexual activities that I really want to do
• I felt able to be 'in the moment' and focused during sexual activities
• I have unwanted thoughts during sexual activities
• During sexual activities, I felt vulnerable when I did not want to be

Development of the Natsal-SW

The development of the Natsal-SW, a brief multi-dimensional measure of sexual wellbeing for population surveys, is described in previous publications (<https://doi.org/10.1080/00224499.2024.2326933> and <https://doi.org/10.1080/00224499.2023.2278530>).

Briefly, the construct of sexual wellbeing was conceptualised via literature review and expert discussion which set out seven domains – sexual safety, sexual respect, sexual

self-esteem, resilience in relation to sexual experiences, forgiveness of past sexual experiences, self-determination in one's sex life, comfort with sexuality. These are introduced and explained here:

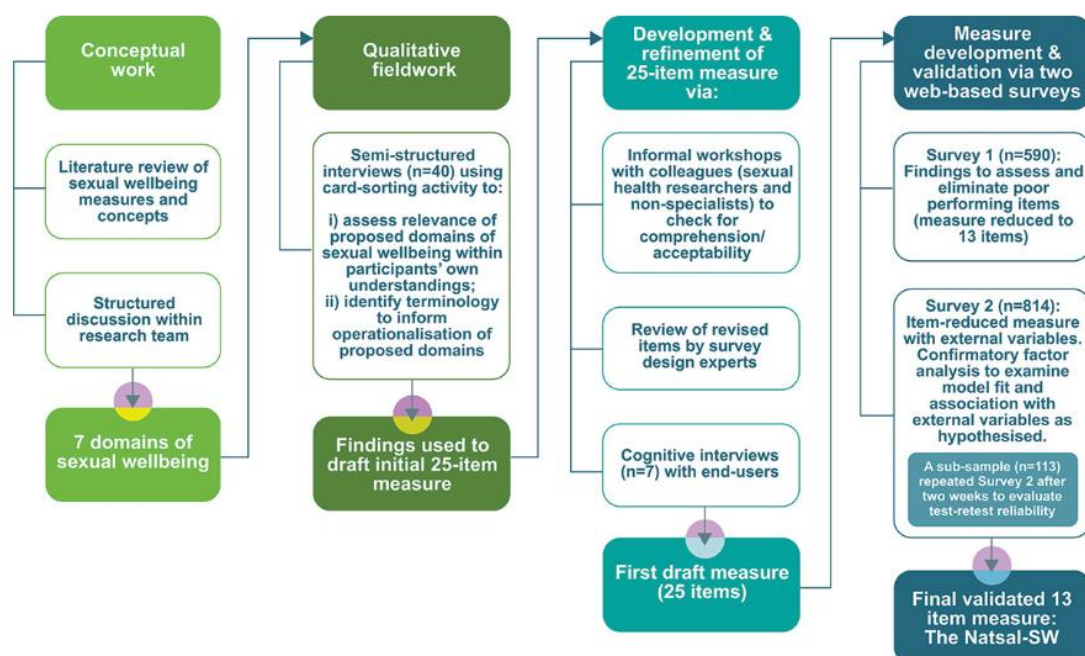
([https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00099-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00099-2/fulltext)).

The relevance of these domains to lived experience were explored via in-depth interviews with 40 adults aged 18-64. The domains were operationalised into a long-list of 25 survey questions, which underwent cognitive testing to investigate acceptability, comprehension, relevance to experience. Two online non-probability surveys including these 25 items were carried out (n=1404), providing data for quantitative psychometric analyses which focused on item reduction, validity, and reliability. These analyses resulted in the validated and reliable brief measure of sexual wellbeing composed of 13-items (the Natsal-SW).

The Natsal-SW assesses sexual wellbeing in the past four weeks and comprises 13 individual Likert-type items, each with five response options measuring level of agreement.

The measure development process is summarised in the figure below (reproduced with permission from the Journal of Sex Research

<https://doi.org/10.1080/00224499.2023.2278530>)



Considerations for approaches to scoring the Natsal-SW

Noting that the Natsal-SW is population measure for use in public health research, as opposed to a clinical diagnostic instrument, a priority for the scoring strategy was that it could easily be implemented by a broad range of potential users without the need for statistical expertise. The following scoring strategies were considered:

- i. Scores derived from a full confirmatory factor analysis model
- ii. Sum of scores weighted by the factor loadings from initial validation confirmatory factor analysis model
- iii. Simple sum of integer scores (unweighted by factor loadings)

Option i) was rejected on the basis that the requirement for expertise in complex psychometric statistical modelling would be prohibitive to widespread application in public health research. Option ii) was not considered to offer meaningful advantage above integer sum scoring, as the range of magnitudes of factor loadings was relatively narrow, with no item factor loading more than twice that of another. This means that scores derived in this way would not be substantially different from the simpler sum of integer scores approach. Therefore option iii) was selected due to its simplicity, supporting widespread use of the measure. Our approach here is consistent with previous research, see <https://pubmed.ncbi.nlm.nih.gov/25667952/>).

Participants who had not had sex in the last month were eligible to answer 10 of the 13 items. For method i) full information maximum likelihood was applied to impute the ‘missing’ data for these participants. For methods ii) and iii), participants who had not had sex in the last month are required to have their score standardized to the same scale range as scores for participants who answered all 13 items, using: sum of scores from the 10 answered items divided by 40, then multiplied by 52, as previously applied in similar measures (<https://doi.org/10.1080/00224499.2014.985813>).

Defining a cut-off for low and high sexual wellbeing

The distribution of scores on the Natsal-SW is shown in Figure 1 of the main paper.

To support interpretation, comparative research, and adoption of the measure within public health research, recommended thresholds to categorise ‘low’ and ‘high’ sexual wellbeing were established. The thresholds for categorising the Sexual Wellbeing scores into three groups (low, moderate, high) were determined iteratively by the research team, balancing empirical, theoretical and practical considerations. We sought a scoring cut-off with the following attributes: enables analysis of both high (versus other) and low (versus other) wellbeing; able to discriminate between higher and lower levels of anxiety and depression; straightforward for researchers to understand and replicate; and practical for analysis (i.e. not leading to very small analytical groups).

Visual Assessment of Data Distribution

We examined the distribution of scores visually. The distribution was negatively skewed and there was no clear empirical threshold.

Logical Categorisation Based on Response Patterns:

We investigated potential logical criteria based on participant endorsement of items (out of a total of 13):

- *High sexual wellbeing* - score of ≥ 48 : A score of 48 is equivalent to strongly agreeing with at least 12 out of 13 items.
- *Moderate sexual wellbeing* - score of 34-47: A score in this range typically reflects strong agreement with approximately 8–11 out of 13 items.
- *Low sexual wellbeing* - score of ≤ 33 : A score of 33 or less is equivalent to strongly agreeing with approximately 8 or fewer items.

Ability to discriminate groups with probable depression and anxiety

Theoretically, sexual wellbeing is expected to correlate strongly with anxiety and depression. After confirming an overall association (<https://doi.org/10.1080/00224499.2023.2278530>), cut-off scores were investigated according to how well they discriminated between higher and lower prevalence of depression and anxiety. Specifically, we investigated whether the presence of probable depressive disorder and anxiety among individuals in the moderate category of sexual wellbeing was comparable with the prevalence in the overall Natsal-4 sample. We used score of ≥ 3 on the PHQ-2 and GAD-2 scales to indicate a positive screen for depression and anxiety respectively. Table A and Table B show that among those in the moderate category of sexual wellbeing, 13.3% (11.6, 15.1) screen positive for depression, and 17.6% (15.9, 19.4) screened positive for anxiety, comparable to the 14.8% (13.4, 16.3) and 19.0% (17.6, 20.5) respectively screening positive in the whole sample.

	Depression screen (PHQ-2): negative Row % (95% CI)	Depression screen (PHQ-2): positive Row % (95% CI)
N (unwt/wt)	3419/3369	582/584
Sexual Wellbeing categories		
≤ 33 (low)	64.5 (59.2, 69.4)	35.5 (30.6, 40.8)
34-47 (moderate)	86.7 (84.9, 88.4)	13.3 (11.6, 15.1)
≥ 48 (high)	94.1 (91.6, 95.9)	5.9 (4.1, 8.4)

Table A: Cross tab of depression screen by sexual wellbeing category

	Anxiety screen (GAD-2): negative	Anxiety screen (GAD-2): positive
	Row % (95% CI)	Row % (95% CI)
N (unwt/wt)	3171/3201	830/753
Sexual Wellbeing categories		
≤33 (low)	55.3 (50.0, 60.5)	44.7 (39.5, 50.0)
34-47 (moderate)	82.4 (80.6, 84.1)	17.6 (15.9, 19.4)
≥48 (high)	93.2 (91.0, 94.9)	6.8 (5.1, 9.0)

Table B: Cross tab of anxiety screen by sexual wellbeing category

Practical Considerations

The establishment of cut offs was also guided by a practical consideration that low and high thresholds should not result in groups that are too small for analysis. Furthermore, cut offs derived from percentiles based on score distribution were avoided as these are more difficult to interpret by users of data and in public health policy.

Authors: Soazig Clifton, Kirstin Mitchell, Aizhan Kyzayeva, Ruth Lewis, Kevin Wilson.

Acknowledgements: We thank all the participants who contributed to their views and experiences to this survey. We thank the stakeholder consultation group who advised on survey design. We thank Progressive/ScotPulse for survey administration. We thank Scottish Government, Sharon Hutchinson, Nicky Coia, Andrew McCauley, Nicola Steadman for their review of an earlier draft of the report. We thank Claire Hamilton and Claire Farquhar for their assistance with formatting and proof reading.