The sexual health & well-being of MSM in Britain: Evidence from the third National Survey of Sexual Attitudes & Lifestyles (Natsal-3)



#### **Cath Mercer**

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National Centre for Social Research
Public Health England



### Background



#### • MSM in Britain continue to be disproportionately affected by STIs & HIV:

- 81% of syphilis diagnoses
- 63% of gonorrhoea diagnoses
- 49% of new HIV infections

- were in MSM in 2013 [PHE, 2014]

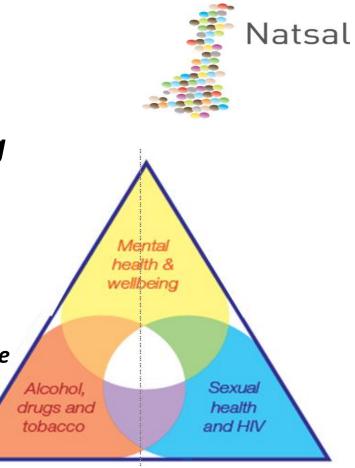
- Also more likely to report other markers of poor sexual health, including sexual function problems & non-volitional sex.
- ...and poor health more broadly, including mental ill-health and greater substance use.

Public Health England

> Promoting the health and wellbeing of gay, bisexual and other men who have sex with men



*"There are 3 distinct"* but overlapping areas in which MSM bear a disproportionate burden of ill-health. These are: sexual health and HIV; mental health; and the use of alcohol, drugs and tobacco."



'Health inequalities trio'





- 1. To examine the sociodemographic profile of MSM, their health and sexual behaviours, and reporting of key sexual health indicators
- 2. To quantify the extent to which health inequalities overlap

For:

- All MSM (regardless of their sexual identity)
- MSM who identify as gay
- <u>Men who have sex exclusively with women ('MSEW')</u>

#### Natsal-3's methods



Fieldwork dates Sample size Age range Target population Response rate Data collection method 2010-2012 15,162 (of whom 6,293 men) 16-74y British resident population 58% CAPI (face-to-face) & CASI

**Further details** 



### **Natsal-3's questions**

#### • Initial face-to-face interview:

- General health (incl. drinking & smoking)
- Family structure when growing-up
- Learning about sex
- First sexual experiences
- Use of contraception



- Self-completion using CASI:
  - Recency of sexual practices with opposite & same-sex partners
  - Numbers of partners (opposite- &/or same-sex) in different time-frames
  - Characteristics of most recent partnerships
  - Travel & sex abroad
  - Non-consensual sex
  - Paying for sex
  - History of pregnancies
  - Unplanned pregnancy
  - STIs & HPV vaccinations
  - Drug use (incl. IDU)
  - HIV testing
  - Sexual (dys)function
  - Viagra use
  - Mood and well-being





• Self-completion using CASI:



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MSM = men who reported 1+ same-sex partner(s) in the 5 years prior to interview



- Initial face-to-face interview
- Self-completion using CASI
- Final face-to-face interview:
  - Attitudinal questions
  - Household classification
  - Occupation
  - Education/qualifications
  - Religion
  - Ethnicity
  - Sexual identity





#### **Questionnaire & further information available from: www.natsal.ac.uk**

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	Heterosexual/straight
	Gay
	Bisexual
	other

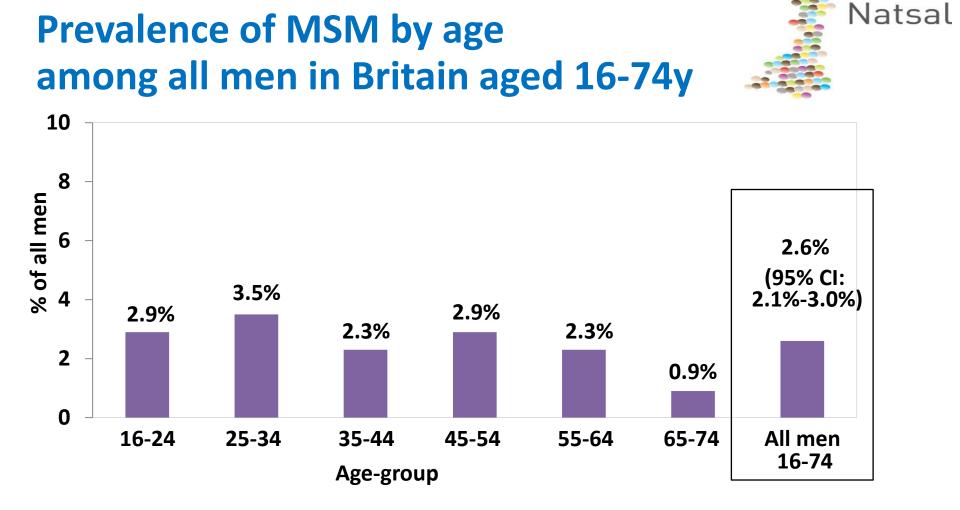


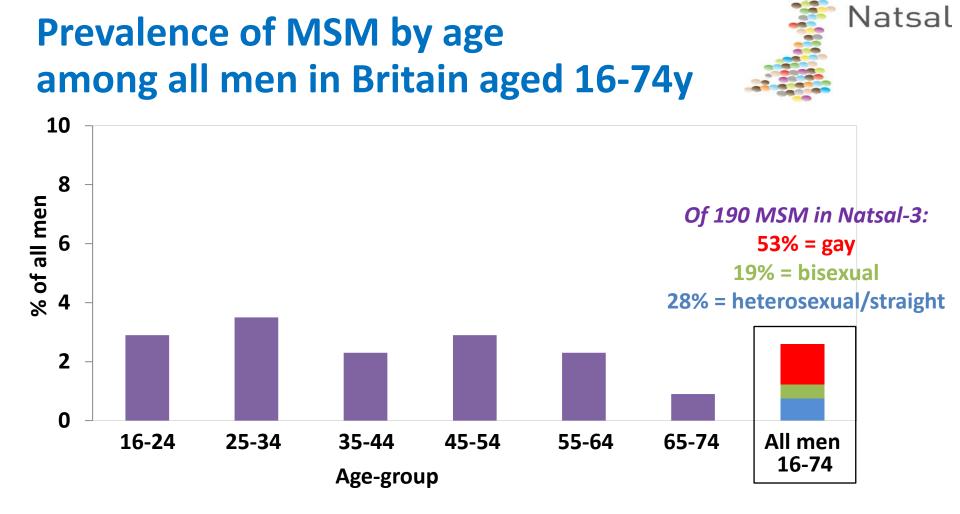


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#### **Results**







## **Socio-demographic profiles**



Presented for 3 groups of men:

- 1. MSEW (men who reported sex exclusively with women; N= 5,069)
- 2. All MSM (N=190)
- 3. MSM who identify as gay (N=107/190 of all MSM)

## **Socio-demographic profiles**



	MSEW	All MSM	Gay MSM
Denominators	N=5,069	N=190	N=107
Median age at interview (IQR)	41 (30,54)	40 (26,51)	34* (26,46)
Not in a steady relationship at interview	18%	39%*	<b>48%</b> *
White ethnicity	88%	97%*	99%*
Resident in an urban area	77%	82%	<b>89%</b> *
Studying for/gained post-16 qualifications	48%	56%	59%
Religion/religious beliefs fairly/very important	34%	23%*	27%

\* statistically significantly different relative to MSEW (at *p*<0.05) %s are age-standardised

#### Substance use



	MSEW	All MSM	Gay MSM
Denominators	N=5,069	N=190	N=107
Currently weekly/daily binge drinking	22%	21%	16%
Current smoker	27%	38%*	31%*
Any recreational drug use, past year	16%	36%*	41%*
Recreational drug use >cannabis, past year	7%	26%*	33%*
Injected drugs, ever	1.3%	0.7%	0.8%

\* statistically significantly different relative to MSEW (at *p*<0.05) %s are age-standardised



## **Mental & physical health profiles**



	MSEW	All MSM	Gay MSM
Denominators	N=5,069	N=190	N=107
Health self-reported as bad/very bad	3%	5%	10%*
Has a long-standing illness/disability/infirmity	30%	38%*	44%*
Treated for depression in past year	6%	14%*	20%*
No. of chronic conditions reported:			
1	22%	26%	28%*
2+	12%	16%	23%*

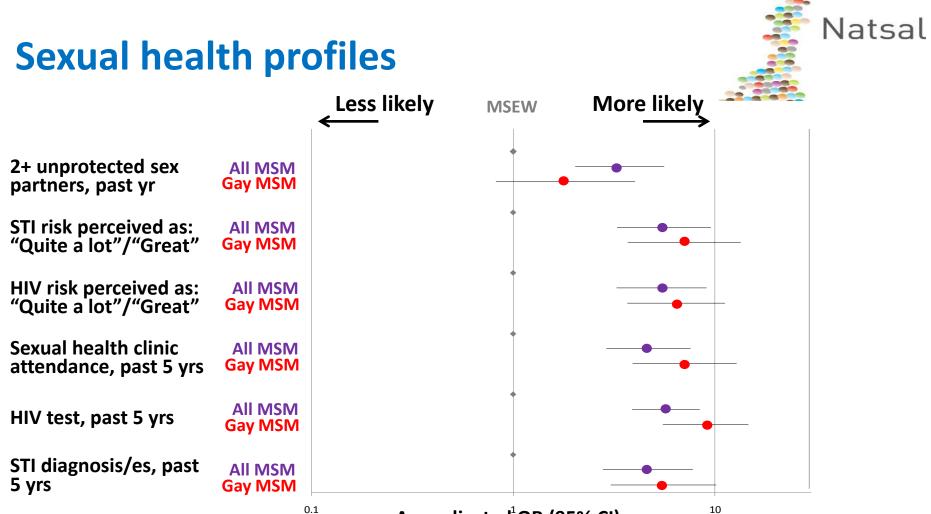


## **Mental & physical health profiles**

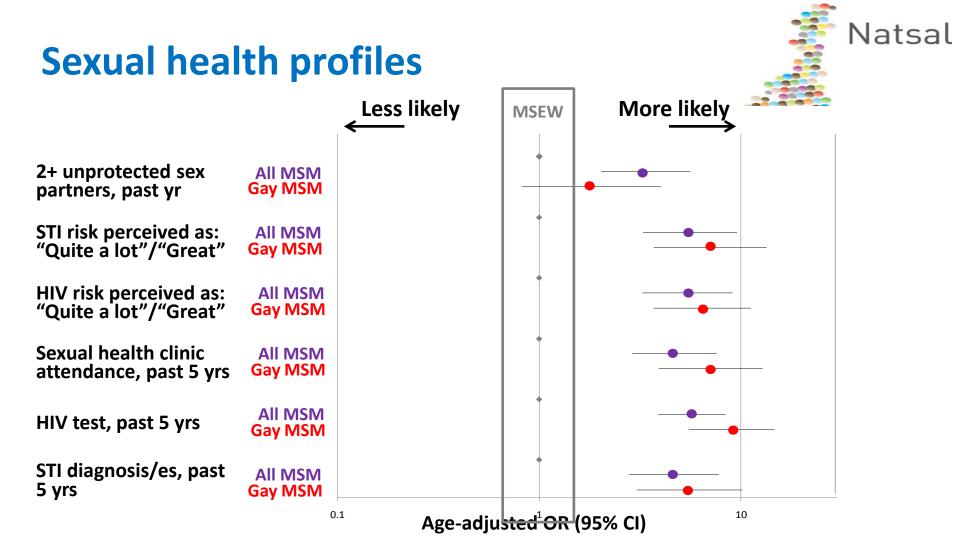


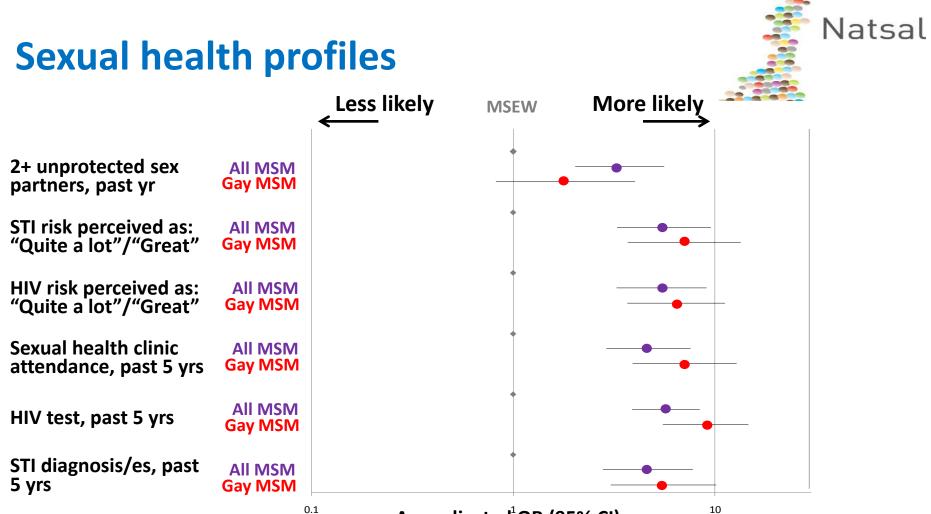
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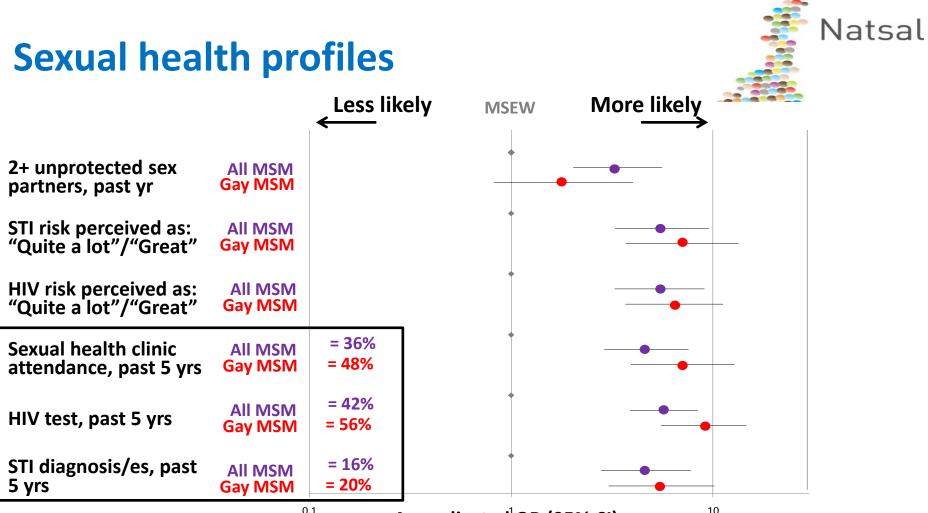


Age-adjusted<sup>1</sup>OR (95% CI)





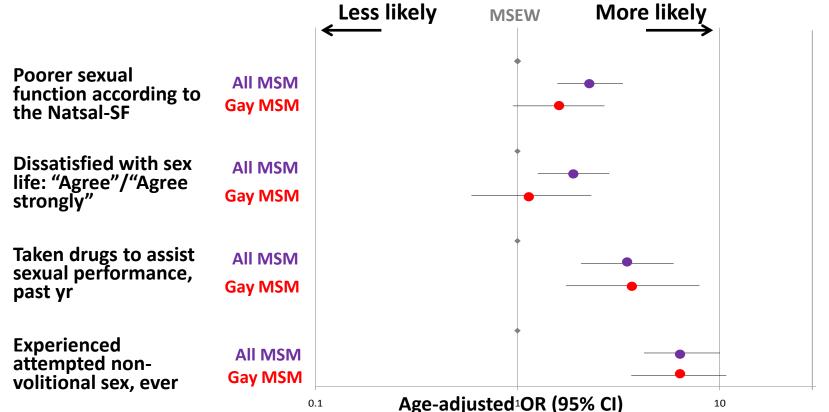
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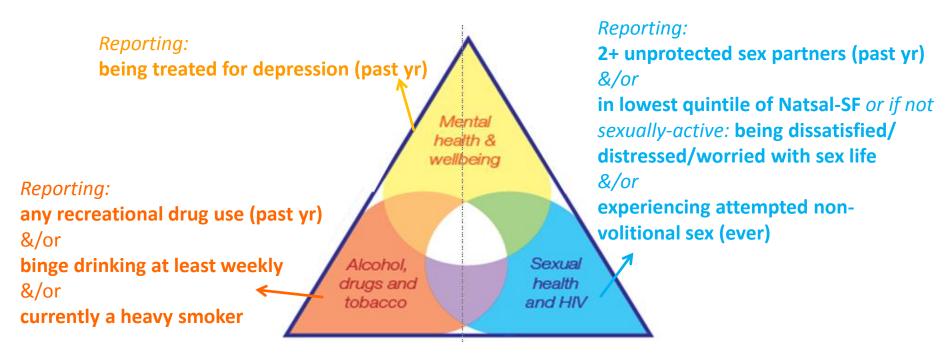
### **Sexual health profiles**



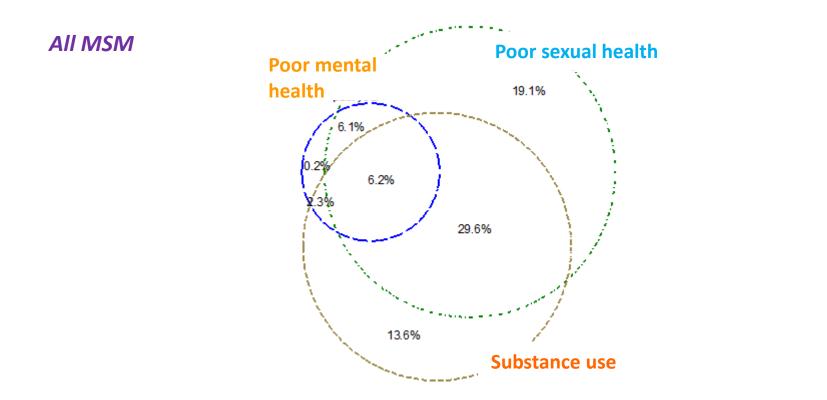


#### **Operationalising PHE's 'health inequalities trio'**

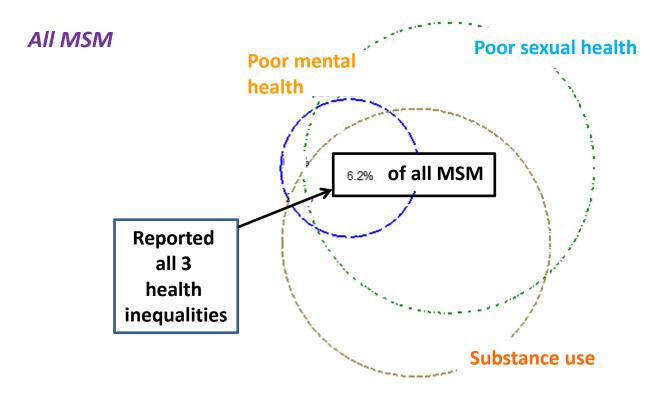




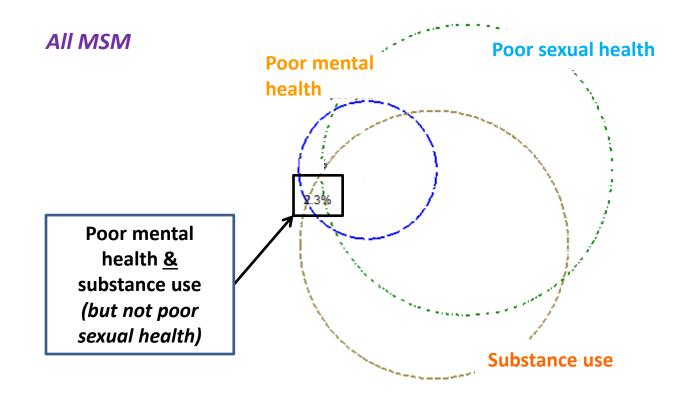




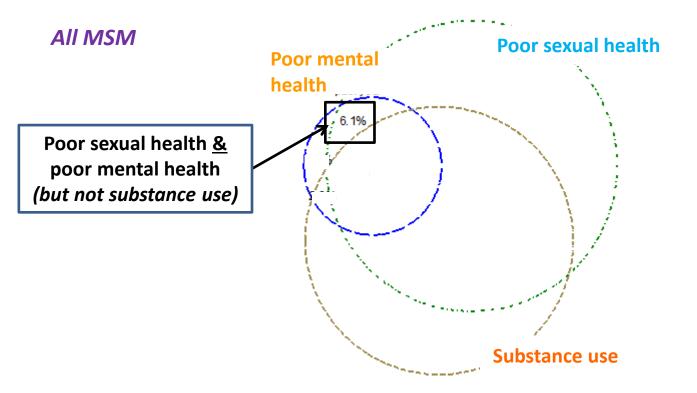




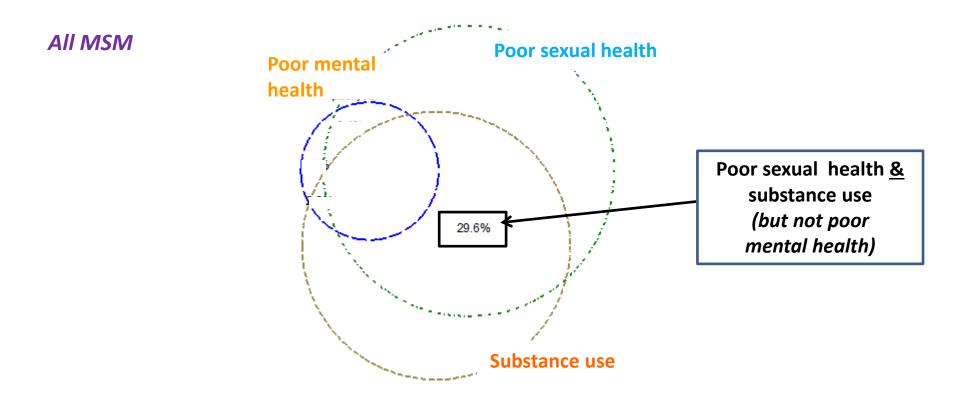






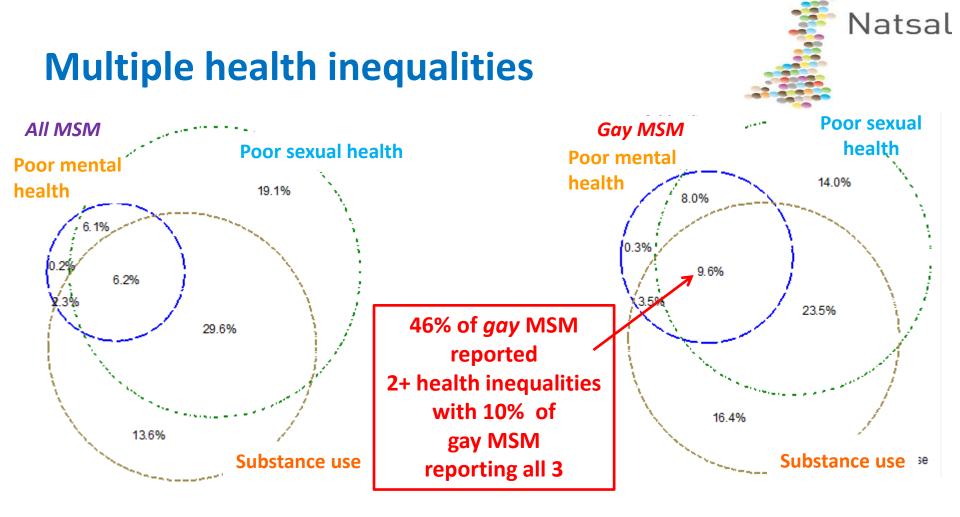






#### **Multiple health inequalities** All MSM **MSEW Poor sexual health Poor sexual Poor menta** health health 19.1% **Poor mental** 15.7% health 2% 1.3% 1.8% 6.2% 46% of all MSM 12.0% reported 29.6% **2+ health inequalities** 22.9% ... vs. 16% of MSEW 13.6% Substance use Substance use 43.7%

Natsal



# **Conclusions & implications**



# Conclusions



- Natsal provides useful reference data for the population of *all* MSM in Britain and allows comparisons with MSEW.
- While Natsal-3 includes relatively few MSM, especially when stratifying by sexual identity, many statistically significant differences with MSEW are evident.
- Although MSM are a small proportion of all men in Britain, as a population they experience a disproportionate burden of health inequalities.

# Implications



- As MSM are more likely to report *multiple* health inequalities, interventions that adopt a holistic approach are needed.
- Interventions are also needed that are appropriate for MSM who do not identify as gay.
- Timely data given that the BASHH UK National Guidelines on the Sexual Health Care of MSM are being written tomorrow...

# Thank you



Participants

Interviewers

Natsal-3 is a collaboration between:



Funders



NatCen Social Research that works for society Public Health England

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Medical Research Foundation





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For further info visit: www.natsal.ac.uk or email: c.mercer@ucl.ac.uk

