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

Cath Mercer

On behalf of: Philip Prah 1, Clare Tanton 1, Nigel Field 1, Soazig Clifton 1, Pam Sonnenberg 1, Anthony Nardone 3, Anne Johnson 1

1. UCL Centre for Sexual Health & HIV Research
2. National Centre for Social Research
3. 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.
“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.”
Objectives

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
- Men who have sex exclusively with women (‘MSEW’)
<table>
<thead>
<tr>
<th>Fieldwork dates</th>
<th>2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size</td>
<td>15,162 (of whom 6,293 men)</td>
</tr>
<tr>
<td>Age range</td>
<td>16-74y</td>
</tr>
<tr>
<td>Target population</td>
<td>British resident population</td>
</tr>
<tr>
<td>Response rate</td>
<td>58%</td>
</tr>
<tr>
<td>Data collection method</td>
<td>CAPI (face-to-face) &amp; CASI</td>
</tr>
</tbody>
</table>

Further details | Erens et al, STI 2013
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:

- 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

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
• **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**
    - Heterosexual/straight
    - Gay
    - Bisexual
    - other

Questionnaire & further information available from: www.natsal.ac.uk
Results
Prevalence of MSM by age among all men in Britain aged 16-74y

<table>
<thead>
<tr>
<th>Age-group</th>
<th>% of all men</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>2.9%</td>
</tr>
<tr>
<td>25-34</td>
<td>3.5%</td>
</tr>
<tr>
<td>35-44</td>
<td>2.3%</td>
</tr>
<tr>
<td>45-54</td>
<td>2.9%</td>
</tr>
<tr>
<td>55-64</td>
<td>2.3%</td>
</tr>
<tr>
<td>65-74</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

All men 16-74: 2.6% (95% CI: 2.1%-3.0%)
Prevalence of MSM by age among all men in Britain aged 16-74y

Of 190 MSM in Natsal-3:
- 53% = gay
- 19% = bisexual
- 28% = heterosexual/straight
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

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

* statistically significantly different relative to MSEW (at $p<0.05$)

%s are age-standardised
## Substance use

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

* statistically significantly different relative to MSEW (at $p<0.05$)

%s are age-standardised
# Mental & physical health profiles

<table>
<thead>
<tr>
<th></th>
<th>MSEW</th>
<th>All MSM</th>
<th>Gay MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Denominators</strong></td>
<td>N=5,069</td>
<td>N=190</td>
<td>N=107</td>
</tr>
<tr>
<td>Health self-reported as bad/very bad</td>
<td>3%</td>
<td>5%</td>
<td>10%*</td>
</tr>
<tr>
<td>Has a long-standing illness/disability/infirmity</td>
<td>30%</td>
<td>38%*</td>
<td>44%*</td>
</tr>
<tr>
<td>Treated for depression in past year</td>
<td>6%</td>
<td>14%*</td>
<td>20%*</td>
</tr>
<tr>
<td>No. of chronic conditions reported:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>22%</td>
<td>26%</td>
<td>28%*</td>
</tr>
<tr>
<td>2+</td>
<td>12%</td>
<td>16%</td>
<td>23%*</td>
</tr>
</tbody>
</table>
## Mental & physical health profiles

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

2+ unprotected sex partners, past yr
- All MSM
- Gay MSM

STI risk perceived as: “Quite a lot”/“Great”
- All MSM
- Gay MSM

HIV risk perceived as: “Quite a lot”/“Great”
- All MSM
- Gay MSM

Sexual health clinic attendance, past 5 yrs
- All MSM
- Gay MSM

HIV test, past 5 yrs
- All MSM
- Gay MSM

STI diagnosis/es, past 5 yrs
- All MSM
- Gay MSM
Sexual health profiles

2+ unprotected sex partners, past yr
- All MSM
- Gay MSM

STI risk perceived as: “Quite a lot”/“Great”
- All MSM
- Gay MSM

HIV risk perceived as: “Quite a lot”/“Great”
- All MSM
- Gay MSM

Sexual health clinic attendance, past 5 yrs
- All MSM
- Gay MSM

HIV test, past 5 yrs
- All MSM
- Gay MSM

STI diagnosis/es, past 5 yrs
- All MSM
- Gay MSM

Age-adjusted OR (95% CI)
# Sexual health profiles

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>All MSM</th>
<th>Gay MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2+ unprotected sex partners, past yr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI risk perceived as: “Quite a lot”/“Great”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV risk perceived as: “Quite a lot”/“Great”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual health clinic attendance, past 5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV test, past 5 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI diagnosis/es, past 5 yrs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Age-adjusted OR (95% CI)

---

## Natsal
Sexual health profiles

- 2+ unprotected sex partners, past yr
  - All MSM
  - Gay MSM

- STI risk perceived as: “Quite a lot”/“Great”
  - All MSM
  - Gay MSM

- HIV risk perceived as: “Quite a lot”/“Great”
  - All MSM
  - Gay MSM

- Sexual health clinic attendance, past 5 yrs
  - All MSM
  - Gay MSM

- HIV test, past 5 yrs
  - All MSM
  - Gay MSM

- STI diagnosis/es, past 5 yrs
  - All MSM
  - Gay MSM

Age-adjusted OR (95% CI)

MSEW

More likely

Less likely

Natsal
Sexual health profiles

- Poorer sexual function according to the Natsal-SF
  - All MSM
  - Gay MSM

- Dissatisfied with sex life: “Agree”/“Agree strongly”
  - All MSM
  - Gay MSM

- Taken drugs to assist sexual performance, past yr
  - All MSM
  - Gay MSM

- Experienced attempted non-volitional sex, ever
  - All MSM
  - Gay MSM
Operationalising PHE’s ‘health inequalities trio’

Reporting:
- any recreational drug use (past yr)
- binge drinking at least weekly
- currently a heavy smoker

Reporting:
- being treated for depression (past yr)

Report: 2+ unprotected sex partners (past yr) &/or in lowest quintile of Natsal-SF or if not sexually-active: being dissatisfied/distressed/worried with sex life &/or experiencing attempted non-volitional sex (ever)
Quantifying PHE’s ‘health inequalities trio’

All MSM

Poor mental health

Poor sexual health

Substance use
Quantifying PHE’s ‘health inequalities trio’

All MSM

Reported all 3 health inequalities

6.2% of all MSM

Poor mental health

Poor sexual health

Substance use
Quantifying PHE’s ‘health inequalities trio’

All MSM

Poor mental health

Poor sexual health

Substance use

Poor mental health & substance use (but not poor sexual health)
Quantifying PHE’s ‘health inequalities trio’

All MSM

Poor mental health

Poor sexual health

Substance use

Poor sexual health & poor mental health (but not substance use)
Quantifying PHE’s ‘health inequalities trio’

All MSM

Poor mental health
Poor sexual health
Substance use

Poor sexual health & substance use (but not poor mental health)

29.6%
Multiple health inequalities

46% of all MSM reported 2+ health inequalities... vs. 16% of MSEW

All MSM

MSEW

Poor mental health

Poor sexual health

Substance use

Poor mental health

Poor sexual health

Substance use
46% of gay MSM reported 2+ health inequalities with 10% of gay MSM reporting all 3
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:

- UCL
- LSHTM
- NatCen
- Public Health England

The study was funded through grants from:

- MRC
- Wellcome Trust

With additional funding from:

- Department of Health
- ESRC

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