



Sexual health for all 2000:  
Identifying key obstacles to sexual health  
for lesbians, gay and bisexual people

## Survey Report

Sigma Research  
Lesbian & Gay Foundation (LGF)  
National AIDS Trust

Commissioned by the Department of Health  
May 2000

---

0. **Summary of conclusions & recommendations**
1. **Background**
2. **Method**
3. **Returns, exclusions & sample composition**
4. **Sample description**
5. **Needs description**
6. **Needs assessment**
7. **Service use**

## 0. SUMMARY

### Returns and sample composition

- 96.7% of returns were included in the final sample of 497 women and 417 men, which was 91.4% of the target size.

- Sexual identity and sexual behaviour are not co-terminus - the terms people use to describe their sexuality do not necessarily equate with their sexual behaviour.

- ' The Sexual Health Strategy should not assume sexual behaviour from sexual identity (or vice versa).

- This sample cannot reflect the needs of transsexuals.

- ' The Sexual Health Strategy Group should consider separately the sexual health needs of transsexuals.

### Sample description

- More of the men are in the older age bracket.

- Almost three quarters of the women live in London and two-thirds of the men live in the North West.

- More men had a disability than women.

- 71.6% are White British, and 18.6% are from other White groups: 9.8% are from Black and other non-White ethnic minorities.

- Women and men were equally likely to live with a same-sex partner, friends, or with family members other than partners, parents or children; compared to the men, women were more likely to live with children or an opposite sex partner; compared to the women, the men were more likely to live with parents or alone.

- 10% were parents - men and women were equally likely to be parents.

- Slightly more of the women had a current same sex partner (64.6%) than did the men (60.1%); and more of the women had an opposite sex partner (6.5%) than did the men (2.6%).

- Women are more likely to describe themselves as bisexual than the men, or to use another term or no term.

- Men had far more sexual partners than women.

- Those who had sex with both women and men had more same sex partners than opposite sex partners.

### Needs description: what should be the targets of a sexual health strategy including lesbians, gay men & bisexual people

- HIV/AIDS and other STIs are major health concerns for this population, along with the general health concerns of the general population.

- ' The Sexual Health Strategy should include sexual minorities in all recommendations about HIV and STI services.

- The desire for children is widespread amongst lesbians, gay men and bisexual people.

- ' The Sexual Health Strategy should include sexual minorities in all recommendations about reproductive health services.

- Emotional intimacy, sexual pleasure and autonomy were cited far more often as valued aspects of sexuality and sexual activity than freedom from STIs or control over conception.

- ' The Sexual Health Strategy should include increasing the prevalence of satisfying and safe sex lives as targets of the sexual health strategy, as well as reducing the incidence of STIs and unwanted conception/birth.

- An unsatisfying sex life and absence of emotional intimacy were cited far more often as obstacles to sexual health than were concern about or contact with STIs.

- ' The SHSG will be addressing more unmet sexual health need if it prioritises increasing the prevalence of satisfying and safe sex lives as well as reducing the incidence of STIs and unwanted conception / birth.

### **Needs assessment: quantitative measures of obstacles to sexual health**

- Inability to express emotional intimacy in public due to homophobia was the most common obstacle to sexual health for both women and men.

' The Sexual Health Strategy should acknowledge homophobia as an obstacle to sexual health for lesbians, gay men and bisexual people, and prioritise reducing homophobia as a key objective to increase the sexual health of this population.

- Interpersonal and psychological obstacles to sexual health were as common as physical obstacles and STIs.

' The Sexual Health Strategy will address more unmet sexual health need if it prioritises increasing sexual autonomy and confidence and reducing sexual anxiety, as well as reducing the incidence of STIs and unwanted conception/birth.

### **Service use**

- Health services were not the most frequent source of sexual health information. The most frequently cited source of information by both women and men was the gay and lesbian press, followed by peer networks (for women) and community based organisations (for men).

' The Sexual Health Strategy should stress the importance of health services working with communities and community based organisations in meeting sexual health information need, and acknowledge and support informal peer networks that inform lesbian and bisexual women in particular.

- Over half the women and over a fifth of the men were unaware of their local NHS sexual health provider.

' The Sexual Health Strategy should adopt knowledge of sexual health services as a key objective to increase the sexual health of the population.

- Unmet need for information about all sexual health services is wide spread; men and women were equally in need of information about relationship counselling.

' The Sexual Health Strategy should stress the need for knowledge of non-clinical sexual health services as well as clinical services.

- There is widespread perception of inequity in access to sexual health services for sexual minorities, particularly for lesbians and bisexual women.

' The Sexual Health Strategy will be addressing a major source of sexual health service inequality if it encourages pro-active action to increase access of services to lesbians and bisexual women.

- Unacceptable services are widespread: every fourth woman and every fifth man have had bad experiences in sexual health services because of services' inability to deal with their sexuality.

' The Sexual Health Strategy will be addressing a major source of sexual health service inequality if it encourages pro-active action to increase the appropriateness and acceptability of services to sexual minorities.

- Half the women and a third of the men had never sought help or advice about sexual health.

' The Sexual Health Strategy should stress the importance of actively encouraging help seeking behaviour in meeting sexual health needs.

- Help seeking behaviour was most commonly about infections and screening – the less commonly cited needs. This suggests what the respondents are concerned about is not the same as what they consult on.

' The Sexual Health Strategy should stress the importance of help-seeking for interpersonal problems as well as infections and screening.

- GUM clinics are the most commonly turned to source of sexual health care for both women and men; the second most commonly used service is Gps.

' The Sexual Health Strategy should emphasise that GUM clinics and GPs must be able to meet the sexual health needs of sexual minorities.

- Men were more likely to be asked about their sexuality in GUM services than were women.

- ' The Sexual Health Strategy should stress the need for appropriate raising of sexuality and gender of sexual partners in sexual health consultations.

- Women rated services as being in more need of quality improvement than did men.

- ' The sexual health strategy should prioritise increasing the quality of sexual health services to lesbians and bisexual women.

- Women rated GPs as less safe and less attentive than GUM clinics and were more likely to recommend GUM services than GPs; men were also more likely to recommend GUM services than GPs.

- ' The Sexual Health Strategy should highlight the need for improvement in appropriate sexual health service provision from GPs.

- There is wide spread mistrust of the ability of sexual health services to deal appropriately with the sexual health needs of sexual minorities.

- ' The Sexual Health Strategy should recommend all sexual health services display a statement of their values, and that the service treats all people equitably.

- Men most commonly cited access improvements; women most commonly cited appropriateness and staff training improvements.

- ' The Sexual Health Strategy should stress the need for all sexual health services to be equally accessible and appropriate to sexual minorities.

## 1. BACKGROUND

This document contains the findings of a short, joint investigation between Sigma Research, the Lesbian & Gay Foundation (LGF), and the National AIDS Trust (NAT), to inform the development of the National Sexual Health Strategy. Sigma Research was the lead agency and managed the contract on behalf of the three agencies.

The Department of Health is currently developing a National Sexual Health Strategy that reflects new trends in public health. The expected targets for the Strategy are:

1. reducing the incidence of unwanted conception/birth (the latter by increasing termination referrals).
2. reducing the incidence of STIs, including:
  - reducing the incidence of Chlamydia.
  - reducing the incidence of HIV infection.
3. increasing the health of people with HIV infection by reducing the average time between infection and diagnosis.

Intervention to reduce incidence of these first two targets in the entire population is to be balanced with reducing incidence in groups (including area of residence groups) where incidence is above the national average (ie. attending to equality of health within the population as well as the impact of intervention on the overall health of the population).

The Department of Health has commissioned work with particular groups of the population, including young people and people from ethnic minorities, to better understand their sexual health needs. This document reports work commissioned on the sexual health needs of gay men and lesbians. Access to services and health promotion were two areas of special concern to the Department. In order to better understand the sexual health needs of gay men and lesbians, the Department of Health commissioned this investigation.

The key aims of the investigation were that the National Sexual Health Advisory Group (Chair: Michael Adler) know: (a) the key obstacles to sexual health for lesbian, gay and bisexual people; and (b) those people's preferences and priorities for state-funding to address their sexual health needs.

In the following report a bullet (●) precedes a summary point from the data (ie. a conclusion), an arrowhead ( ' ) precedes a prospective implication of the conclusion for a National Sexual Health Strategy that is intended to benefit lesbians, gay men and bisexual people as equitably as the sexual majority.

## 2. METHOD

A short, self-completion questionnaire was used (two sides of a single sheet of A4), with a freepost address. One form was designed addressing an audience of 'lesbians, gay men and bisexuals'. The questions covered: demographics; health concerns; obstacles to sexual health; and experiences of sexual health service. The forms were distributed through a number of settings:

- *Community groups*: a letter and 25 copies of the form were sent to community groups requesting they distribute them to members. Addresses of groups were taken from *Gay Times* and *Diva* magazines. Women only groups listing telephone numbers only (n=42) were called and asked for a postal address. Packs were sent to a total of 164 groups (including 60 women only groups). The letter requested they call Sigma if additional copies were needed. Two groups requested an additional 200 forms each.
- *Mailing list*: a letter and single questionnaire were sent to 1,500 LGF mailing list members and 400 women on the their Lesbian Participation mailing list.
- *LFG Founder's Fete*: attenders were invited to participate from a stall during the launch event of LGF.
- *Hand-to-hand in women's bars*: in bars and other social spaces in London (on five evenings by Sigma team) and in Manchester (on two days/evenings by LGF team), recruiters made personal requests to all bar attenders to self-complete on the spot and return the form to a sealed box. In Manchester the forms were also left in racks in approximately 75 - 100 bars, shops, cafes and other lesbian and gay community spaces.
- *In women's bookstores*: in three bookstores in London, forms were left in information racks.

Inclusion criteria for analysis was: 16 years or older *and* resident in England *and* either: (i) homosexually active in last five year, *and / or* (ii) lesbian, gay or bisexual identity. The target sample size was 500 men and 500 women.

### 3. RETURNS, EXCLUSIONS and SAMPLE COMPOSITION

		women	men	total
returns		515	430	945
exclusions	resident outside England	2	8	10
	under 16 years old	0	1	1
	heterosexual / straight / unstated sexuality and no same sex partners	16	4	20
total exclusions		18	13	31
final sample size		497	417	914

- 96.7% of returns were included in the final sample which was 91.4% of the target size.

In the LAST FIVE YEARS, have you had sex with... (N=914)	How do you usually describe your sexuality?											%
	women (n=497)							men (N=417)				
	missing	lesbian	gay	bisexual	transsexual	any other term	don't use a term	gay	bisexual	any other term	don't use a term	
[missing] (n=8)		3		1	1			3				0.8
no partners (n=15)		7		3				5				1.6
homosexual partners only (n=656)	1	245	40	4		11	14	326	3	5	7	71.8
both homo & hetero partners (n=218)		60	15	41		18	16	39	19	6	4	23.9
heterosexual partners only (n=17)		3	11	3								1.9

- Sexual identity and sexual behaviour are not co-terminus - the terms people use to describe their sexuality do not necessarily equate with their sexual behaviour.
  - ' The Sexual Health Strategy should not assume sexual behaviour from sexual identity (or vice versa).
- This sample cannot reflect the needs of transsexuals.
  - ' The Sexual Health Strategy Group should consider separately the sexual health needs of transsexuals.

#### 4. SAMPLE DESCRIPTION

##### Age

How old are you?	women	men
mean	32.9	34.5
standard deviation	8.7	11.4
median	32	33
range	16–65	16–76
inter-quartile range	26–38	26–41

- More of the men are in the older age bracket.

##### Region of residence

Which Local Authority do you live in? (Who bills you household for Council Tax?)	women	men
London	72.8	15.6
Eastern	4.6	1.0
South East	2.1	3.7
South West	1.7	0.7
West Midlands	1.2	2.2
Trent	3.1	8.9
North West	12.9	65.7
Northern & Yorkshire	1.7	2.2

- Almost three quarters of the women live in London and two-thirds of the men live in the North West.

##### Disability

Do you have a disability?	women	men
Yes (%)	6.7	10.3

- More men had a disability than women.



### Ethnicity

What is your ethnic group?		women	men
White	White British	65.7	79.5
	White Irish	5.1	4.1
	Other White	18.1	9.4
South Asian	Indian	1.6	1.4
	Pakistani	0.2	0.5
	Other Asian	1.2	0.5
Black	Black African	0.4	0.2
	Black Caribbean	1.2	1.0
	Other Black	2.0	0.2
All other groups	Chinese	0.6	0.2
	Mixed ethnicity	3.0	1.9
	Any other ethnic group	0.8	1.0

- 71.6% are White British, and 18.6% are from other White groups: 9.8% are from Black and other non-White ethnic minorities.

### Family

Who do you live with? [multiple answers, do not total 100%]	women	men
I live by myself	32.2	39.3
(same sex) partner	32.6	28.1
(opposite sex) partner	3.4	1.4
children	4.6	0.7
parents	3.8	7.9
other family members	4.4	4.3
friends	18.3	18.0
other	6.4	4.3

- Women and men were equally likely to live with a same-sex partner, friends, or with family members other than partners, parents or children.
- Compared to the men, women were more likely to live with children or an opposite sex partner.
- Compared to the women, the men were more likely to live with parents or alone.

Are you a parent?	women	men
Yes (%)	9.9	10.6

- Men and women were equally likely to be parents.

### Sex & sexuality

Do you currently have any regular sexual partners?	women	men
No	31.2	38.7
same sex partner	62.2	58.7
both same & opposite sex partners	2.4	1.4
opposite sex partner	4.1	1.2

- Slightly more of the women had a current same sex partner (64.6%) than did the men (60.1%); and more of the women had an opposite sex partner (6.5%) than did the men (2.6%).

How do you usually describe your sexuality?	women	men
lesbian / gay	77.6	89.4
bisexual	10.5	5.3
any other term	5.9	2.6
I don't usually use a term	6.1	2.6

- Women are more likely to describe themselves as bisexual than the men, or to use another term or no term.

### Number of sexual partners in the last year

Respondents were asked 'In the last year how many different women have you had sex with?' and 'In the last year how many different men have you had sex with?'

(Gender of sexual partners in the last year)	women	men
neither men or women	10.8	4.0
(homosexual partners) only	71.2	87.2
both men & women	3.3	1.3
(heterosexual partners) only	14.7	7.6

- More women (18.0%) had heterosexual partners than the men (8.9%).

In the LAST YEAR how many different women / men have you had sex with [those who had a sexual partner]	total sample (%)	women	men
one	34.3	50.5	16.0
two	14.8	19.3	9.7
three	7.5	7.0	8.1
four	8.0	7.7	8.4
5 to 12	18.5	12.8	24.9
13 or more	16.9	2.8	32.8

- Men had far more sexual partners than women.

The next table shows the data in the preceding table divided by gender of partners.

In the LAST YEAR how many different women / men have you had sex with	women					men				
	female partners only (n=343)	both female & male partners (n=71)			male partner s only (n=16)	female partner s only (n=5)	both female & male partners (n=30)			male partners only (n=346)
		female	male	total			female	male	total	
one	61.2	28.2	49.3	0.0	43.8	40.0	43.3	16.7	0.0	17.1
two	19.5	23.9	23.9	19.7	12.5	20.0	16.7	10.0	6.7	9.8
three	5.8	8.5	12.7	14.1	0.0	0.0	20.0	13.3	10.0	8.1
four	5.2	9.9	2.8	15.5	25.0	0.0	10.0	6.7	20.0	7.5
5 to 12	7.3	22.5	2.8	40.8	6.3	40.0	10.0	30.0	26.7	24.6
13 or more	0.9	7.0	8.5	9.9	12.5	0.0	0.0	23.3	36.7	32.9

- Those who had sex with both women and men had more same sex partners than opposite sex partners.

## 5. NEEDS DESCRIPTION: WHAT SHOULD BE THE TARGETS OF A SEXUAL HEALTH STRATEGY INCLUDING LESBIANS, GAY MEN & BISEXUAL PEOPLE

### **Relative importance of sexual health concerns**

Respondents were asked the open-ended question “What are your three biggest health concerns?” and were given three lines labelled 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> (85.1% responded, 14.9% left the spaces blank). All responses were pooled and grouped according to concern.

Health concern	% of responders citing that concern (n=778)
cancer	54.0
HIV/AIDS	42.8
other sexually transmitted infections	25.1
heart disease	17.5
mental health / stress / depression	14.4
weight	7.6

- HIV/AIDS and other STIs are major health concerns for this population, along with the general health concerns of the general population.

’ The Sexual Health Strategy should include sexual minorities in all recommendations about HIV and STI services.

### **Interest in parenting**

Would you like to have children at some point in the future (whether you’ve had children already or not)?	women	men	p
% yes	29.8	20.3	<.05
% maybe	27.9	21.8	
% no	42.3	57.9	

- The desire for children is widespread amongst lesbians, gay men and bisexual people.

’ The Sexual Health Strategy should include sexual minorities in all recommendations about reproductive health services.

### **What contributes to sexual health**

Respondents were asked the open-ended question “What do you value most in your sex life?” and given a space to write in. (78.7% responded, 21.3% left the space blank). Many cited more than one concept. Responses were content analysed to generate a coding frame of six main themes (and 36 sub-themes, not shown), then individual responses coded yes/no on the seven themes.

Main theme	(% of responders citing theme, multiple response possible)		examples of responses
	women	men	
Emotional relationship with sexual partner/s	70.5	58.0	Affection • A stable partner • Being with someone I care about • Closeness • Commitment • Communication • Companionship • Compatibility • Equality • Friendship • Giving and receiving lots of compliments! • Honesty • Intimacy • Love • Love and respect • Monogamy • My boyfriend • My girlfriend • My partner • Openness • Stability • Trust • Understanding
The sex itself	36.4	36.5	A good shag • An orgasm • Horny sex • Being penetrated • Being sexually active • Blow jobs • CP • Climax for both partners! • Clitoral stimulation • Enjoyment • Fact that I've got one • Good sex • Great sex • Great sex • Having a horny fun time • Having lots of it • Lots of it • My multiple orgasms • Not being sexually active • Oral sex • Orgasms! • Pain • Passion • Pleasure • Rimming • Sex • Strap-on • Variety • Wonderful sex
Safety, comfort & security	6.4	5.8	Being safe • Comfort • Feeling secure with someone • Opportunity to be totally relaxed and in a sharing environment • Not having to be hurt or frightened • Not being harassed • Safety • Security
Freedom of expression	3.3	6.4	Ability to express my sexuality • Being able to express myself openly as a gay man to others • Being myself • To do what I want when I want • Independence • Diversity of my friends • Diversity of partners • Freedom • Freedom to choose • Freedom to express myself and be who I • Being able to have sex with men as well as women • That I'm a dyke
Physical characteristics of partner	1.5	6.4	A handsome, young partner • A nice big cock • Penises • Good looks • Men • My knob • Nice arse • Size of hands (work that one out!) • Women
Freedom from infection & cleanliness	1.0	1.5	My health (sexually) • Cleanliness • Being free from disease • Challenge to remain negative • Health • Lower risk of transmitting HIV • Lust, passion, love, but always safe. • Not getting ill • Not having thrush!

• Emotional intimacy, sexual pleasure and autonomy were cited far more often as valued aspects of sexuality and sexual activity than freedom from STIs or control over conception.

' The Sexual Health Strategy should include increasing the prevalence of satisfying and safe sex lives as targets of the sexual health strategy, as well as reducing the incidence of STIs and unwanted conception/birth.

### **What detracts from sexual health**

Respondents were asked *Are you happy with your sex life?*. Similar proportions of women (29.1%) and men (34.4%) said no. Those who indicated no (n=291) were asked the open-ended question *Why are you not happy with your sex life?* and given a space to write in. (95.2% responded, 4.8% left the space blank). The majority cited one concept. Responses were content analysed to generate a coding frame of nine themes and an 'other' category then individual responses coded to one category (on first or main concept if more than one).

"Why are you not happy with your sex life?"	(% citing reason, single response)		examples of responses
	women (n=134)	men (n=131)	
I'm not having any sex	29.9	13.0	Because I don't have one • It's non-existent • No sex with girlfriend anymore • Not getting any • What sex life?
I want more sex	30.6	23.7	Could happen more often! • Don't get enough • Irregular and infrequent • Just discovering stuff, not enough hours in the day to do everything I want to • More please! • Would like to have sex more frequently - preferably with a partner
I want a relationship	14.2	26.7	Cannot find decent reliable partner • Don't meet enough women I fancy. • Don't regularly meet the type of men I want • Haven't found the man I am looking for • I am looking for a relationship • No-one loves me • Would like to feel close with one person.
I have problems in my relationships	11.2	10.7	Feel pressured for not having sex as often as my partner would like • I'm with the wrong girl! • Seeking sex outside the relationship covertly and feel guilt about this • Other half has sex with others • Sexual breakdown between me and my partner.
I lack sexual confidence	0.7	9.9	Don't feel as confident as I would like • Feel too old to play around now • I don't have the courage to go for what I want and anxious to pursue a same-sex relationship • Lack of confidence • Am generally not very good at it! • Not confident enough discussing safer sex with other women
My / my partners health problems interfere with sex	5.2	2.3	Because I don't reach orgasm • I can't afford viagra! • I lack stamina due to being asthmatic • I rarely have sex because of my severe pain and heart condition • Inability to remain erect • Unable to have a sex life due to health problem
I've got a low or absent sex drive	5.2	3.1	Currently too tired a lot of the time to really enjoy it - also affected by menopausal changes • Have no libido most of the time • Lack of interest • Lack of sex drive • Low sex drive which is an offshoot of general inertia • Not interested at the moment
I worry about HIV/safer sex	1.5	4.6	I'm afraid of infecting someone else • Lack safe sex info for Hep C+ lesbians • Usual problems associated with being HIV+ • worry of HIV through sucking.
I worry about having too many partners	0.0	3.1	Have too much casual sex • I feel addicted to casual sex which has caused the break-up of a long-term relationship • Too promiscuous
All other reasons	1.5	3.1	Don't know • I am always drunk when have sex • I am not very good at masturbation. • Not being true to myself • Religious grounds, I have also always inwardly known I'm gay but not always happy about it

• An unsatisfying sex life and absence of emotional intimacy were cited far more often as obstacles to sexual health than were concern about or contact with STIs.

' The SHSG will be addressing more unmet sexual health need if it prioritises increasing the prevalence of satisfying and safe sex lives as well as reducing the incidence of STIs and unwanted conception/birth.

## 6. NEEDS ASSESSMENT: QUANTITATIVE MEASURES OF OBSTACLES TO SEXUAL HEALTH

### *Proportions experiencing sexual health problems*

Thinking about your experience in the last year...	women	men	p
I have avoided same-sex affection in public because of fear of the consequences. (% yes)	47.6	42.1	NS
I was anxious or stressed during sex (% always or sometimes)	30.9	34.5	NS
I felt bad about the sex I'd had (% always or sometimes)	19.5	26.8	<.05
I agreed to have sex when I didn't want it. (% yes)	18.7	26.7	<.05
I have had physical problems during sex (% yes)	15.0	21.6	<.05
I picked up a sexually transmitted infection (% yes or maybe)	6.3	30.7	<.05
I passed on a sexually transmitted infection. (% yes or maybe)	4.5	17.1	<.05
I had problems using protection for sexually transmitted infections (including HIV) (% yes)	4.8	14.3	<.05
In the last year have you been forced to have sex when you didn't want it? (% yes)	4.1	10.7	<.05
I had problems using contraception (of those with a heterosexual partner last year, n=82 women and 35 men) (% yes)	14.6	8.6	NS

- Inability to express emotional intimacy in public due to homophobia was the most common obstacle to sexual health for both women and men.

' The Sexual Health Strategy should acknowledge homophobia as an obstacle to sexual health for lesbians, gay men and bisexual people, and prioritise reducing homophobia as a key objective to increase the sexual health of this population.

- Interpersonal and psychological obstacles to sexual health were as common as physical obstacles and STIs.

' The Sexual Health Strategy will address more unmet sexual health need if it prioritises increasing sexual autonomy and confidence and reducing sexual anxiety, as well as reducing the incidence of STIs and unwanted conception/birth.

## 7. SERVICE USE

### **Relative importance of services for information need**

Respondents were asked the open-ended question “Where would you say you have got most of your information about sexual health from in the past?” and given a space to write in. (82.3% responded, 17.7% left the space blank). Many cited more than one source. Responses were content analysed to generate a coding frame of seven main sources (and 26 sub-sources, not shown), then individual responses coded yes/no on the seven sources.

Main source	(% of responders, multiple response possible)		p
	women	men	
(Lesbian & gay) newspapers & magazines	50.5	48.5	NS
Friends, family, peers	45.9	24.0	<.05
Community organisations	13.0	32.7	<.05
Health services	24.1	25.9	NS
Self	13.0	12.1	NS
Lesbian & gay scene	3.1	13.8	<.05
In formal education	2.8	3.9	NS

- Health services were not the most frequent source of sexual health information. The most frequently cited source of information by both women and men was the gay and lesbian press, followed by peer networks (for women) and community based organisations (for men).

’ The Sexual Health Strategy should stress the importance of health services working with communities and community based organisations in meeting sexual health information need, and acknowledge and support informal peer networks that inform lesbian and bisexual women in particular.

### **Need for information about services**

Do you know where your nearest NHS sexual health clinic is?	women	men	p
% no	56.1	23.0	<.05

- Over half the women and over a fifth of the men were unaware of their local NHS sexual health provider

’ The Sexual Health Strategy should adopt knowledge of sexual health services as a key objective to increase the sexual health of the population.



Which of the following sexual health services would you like more information about: (% yes, more than one response possible)	women	men	p
testicle examination	3.0	48.7	<.05
advice and treatment for erection problems	2.4	20.4	<.05
HIV testing	15.7	36.7	<.05
screening for sexually transmitted infections	20.9	30.9	<.05
relationship counselling	29.2	32.9	NS
cervical cancer screening	52.5	1.9	<.05
breast examination	57.1	3.1	<.05
fertility / pregnancy / insemination	24.1	3.4	<.05

- Unmet need for information about all sexual health services is wide spread; men and women were equally in need of information about relationship counselling.

‘ The Sexual Health Strategy should stress the need for knowledge of non-clinical sexual health services as well as clinical services.

#### **Perceptions of access to services**

Indicate whether you agree or disagree with the following statements:	women	men	p
“Being lesbian/gay/bisexual means I have less access to sexual health services” (% agree)	45.8	17.1	<.05
“It’s hard finding information about sexual health which is relevant to me.” (% agree)	58.8	16.5	<.05

- There is widespread perception of inequity in access to sexual health services for sexual minorities, particularly for lesbians and bisexual women.

‘ The Sexual Health Strategy will be addressing a major source of sexual health service inequality if it encourages pro-active action to increase access of services to lesbians and bisexual women.

#### **General experience of services**

Indicate whether you agree or disagree with the following statement:	women	men	p
“I’ve had bad experiences in sexual health services because of my sexuality.” (% agree)	25.2	19.0	<.05

- Unacceptable services are widespread: every fourth woman and every fifth man have had bad experiences in sexual health services because of services’ inability to deal with their sexuality.

‘ The Sexual Health Strategy will be addressing a major source of sexual health service inequality if it encourages pro-active action to increase the appropriateness and acceptability of services to sexual minorities.

**Most recent experience of help seeking**

When was the LAST TIME you sought any kind of advice or help about your sex life or sexual health?	women	men
never	49.8	32.8
over five years ago	9.5	5.4
in the last five years	19.3	19.3
in the last year	16.0	29.6
in the last month	5.3	13.0

- Half the women and a third of the men had never sought help or advice about sexual health.

‘ The Sexual Health Strategy should stress the importance of actively encouraging help seeking behaviour in meeting sexual health needs.

**What help was help sought for**

What were you seeking advice or help about? (those who had ever sought help, N=481, missing 43)	women	men
HIV	7.9	20.9
other STI / disease	32.6	55.9
Cancer screening	21.1	0.0
Physical problems with sex	11.0	7.9
Psychological problems with sex	7.0	8.3
Fertility / contraception	7.0	0.0
multiple reason	13.2	7.1

- Help seeking behaviour was most commonly about infections and screening – the less commonly cited needs. This suggests what the respondents are concerned about is not the same as what they consult on.

‘ The Sexual Health Strategy should stress the importance of help-seeking for interpersonal problems as well as infections and screening.

**Where help was sought from**

Where did you go for advice or help? (those who had ever sought help, N=524)	women	men
a GUM / STD / HIV / sexual health clinic	44.7	66.5
my GP / family doctor	30.9	11.2
a charitable advice agency (eg LGB switchboard)	2.8	4.7
a private clinic / doctor	2.4	2.2
other	10.6	5.8
multiple response	8.5	9.7

- GUM clinics are the most commonly turned to source of sexual health care for both women and men; the second most commonly used service is GPs.

' The Sexual Health Strategy should emphasise that GUM clinics and GPs must be able to meet the sexual health needs of sexual minorities.

**Is sexuality raised in service provision**

Were you asked about your sexuality? (those who had ever sought help, N=519, missing 4)	women	men	p
All sources of help & advice (% yes)	44.3	62.4	<.05
Those attending their GP / family doctor	25.7 (n=70)	30.0 (n=30)	NS
Those attending a GUM / STD / HIV / sexual health clinic	57.8 (n=102)	69.5 (n=167)	<.05

- Men were more likely to be asked about their sexuality in GUM services than were women.

' The Sexual Health Strategy should stress the need for appropriate raising of sexuality and gender of sexual partners in sexual health consultations.

**Indicators of service quality**

Thinking about that service, indicate whether you disagree or agree with the following statements:		women	men	p
“It didn’t feel safe enough to discuss my sexuality properly” (% agree)	All sources of help & advice	39.0	19.5	<.05
	GP / family doctor	52.8	28.6	<.05
	GUM / STD / HIV / sexual health clinic	29.7	18.8	<.05
“The staff listened carefully to what I said” (% disagree)	All sources of help & advice	18.6	10.3	<.05
	GP / family doctor	28.2	11.1	NS
	GUM / STD / HIV / sexual health clinic	10.3	8.0	NS
“I was treated with courtesy and respect” (% disagree)	All sources of help & advice	16.4	7.1	<.05
	GP / family doctor	20.0	11.1	NS
	GUM / STD / HIV / sexual health clinic	10.5	6.1	NS
“The staff seemed to know their job well” (% disagree)	All sources of help & advice	13.3	9.2	NS
	GP / family doctor	14.9	11.5	NS
	GUM / STD / HIV / sexual health clinic	9.5	6.2	NS
“I’d recommend that service to other people” (% disagree)	All sources of help & advice	24.8	11.6	<.05
	GP / family doctor	40.9	23.1	NS
	GUM / STD / HIV / sexual health clinic	9.7	8.7	NS

- Women rated services as being in more need of quality improvement than did men.
  - ‘ The sexual health strategy should prioritise increasing the quality of sexual health services to lesbians and bisexual women.
  
- Women rated GPs as less safe and less attentive than GUM clinics and were more likely to recommend GUM services than GPs; men were also more likely to recommend GUM services than GPs.
  - ‘ The Sexual Health Strategy should highlight the need for improvement in appropriate sexual health service provision from GPs.
  
- There is wide spread mistrust of the ability of sexual health services to deal appropriately with the sexual health needs of sexual minorities.
  - ‘ The Sexual Health Strategy should recommend all sexual health services display a statement of their values, and that the service treats all people equitably.

### **Suggestions for improvements in services**

Respondents who had ever sought help or advice (n=) were asked the open-ended question *“How could that service have been made better for you?”* and given a space to write in. (54.8% responded, 45.2% left the space blank). Most suggested one change. Responses were content analysed to generate a coding frame of six main themes (and 29 sub-themes, not shown), then individual responses coded to one theme. [RANKS?]

Of those responding (n=295), 24.1% said that the service they had used was excellent and could not be improved. Men were more likely to say this (31.2%, n=154) than were women (16.3%, n=141). Similarly, those who had used a GUM/STI clinic were more likely to say this (29.8%, n=171) than were those who had used their GP (16.9%, n=59). Suggestions for improvements in services are given in the table below.

<i>“How could that service have been made better for you?”</i>	(% of those making suggestions for improvements)		examples of responses
	women (n=118)	men (n=106)	
Increase accessibility	15.3	41.5	Available without appointment • By having a set day and time for gay men only • Closer to home • Earlier / later hours • Longer opening hours • More accessible • Perhaps being able to get the AIDS results over the phone using a code or something, because I never went back • Phone number of GUM clinic was almost impossible to find, please put a full list in the gay press each week and make it easier to make that first step! • Shorter waiting time for appointment • Would be better in a city centre location
Increase staff ability to address needs of lesbian, gay and bisexual clients	41.5	19.8	Asked about whether had same-sex partners • Be more aware to different need from different people • Don't presume I'm straight • Incorrectly told Hep. A couldn't be caught by having sex • Increased awareness and understanding of health issues as they relate to lesbians • Instead of assuming contraception is needed, the question could be phrased 'do you have any need for contraception and if so, are you using it?' • More education on 'gay' issues , dark rooms, saunas - hospital never heard of! • My sexuality was assumed before I said I was gay • None could answer my questions about woman-to-woman transmission of genital warts • Should have been more relaxed / informed • Onus should be on doctor to discuss health issues related to lesbians, too shy / anxious to bring it up myself • Respect confidentiality • To have a doctor who is not homophobic and who is polite and not aggressive in manner and tone of voice because of one's sexuality

Better attitude of staff towards lesbian, gay and bisexual people	22.9	19.8	Change their mentality • For the nurse to have not been so patronising about my sexuality • GP said 'I'd have thought you'd have learned by now about safe sex'; more respect required, I felt dirty • I had a terrible experience at the Well Women's Clinic, the doctor assaulted me, stuck her hand inside me and when I said it was painful she replied 'don't you like that?' • I was 'told off' for having 6 monthly check-ups, 'waste of NHS resources' • I experienced homophobia • If that service (and other services generally) were more receptive to and accepting of the notion (and practice) of bisexuality • Lesbian friendly • Less judgmental • Less patronising • My GP 'sacked me' because I complained about his attitude, would have been better if this hadn't happened • Safer environment to talk openly • Staff were narrow-minded and old-fashioned • The doctor seemed rather embarrassed • The doctor tried to tease me • Treated like an 'object'
Choice of staff	6.8	0.0	By talking to a female gay doctor • Would prefer lesbian GP • Employ gay/lesbian personnel • I would prefer to go on the days that there is a male counsellor advisor • It was very heterosexual, more lesbian visibility! • More women in the job!
Improved facilities	8.5	10.4	A cup of tea would have been nice! • Improved surroundings • It could have been in private instead of across the counter • More clearly available info • More posters / leaflets etc. showing same-sex sex. • More privacy • Special waiting rooms for women separate for men • Waiting room could be less clinical
Other	5.1	8.5	By not calling out my name, a number would have been better • Combined with natural health stuff • Get rid of that metal thing they use for cervical tests and invent something new for 2000! How old is that design?!!! • If they concentrated on the problem I went in with, not my other health problems • NHS could provide free vacuum pumps for those for whom viagra etc. don't work • No medical students • Not filming my interview

• Men most commonly cited access improvements; women most commonly cited appropriateness and staff training improvements.

' The Sexual Health Strategy should stress the need for all sexual health services to be equally accessible and appropriate to sexual minorities.

[END OF REPORT]